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***MENTAL
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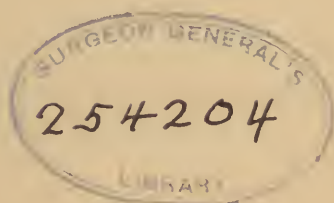
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✓
A
MANUAL
OF
MENTAL DISEASES ✓

FOR THE USE OF
DOCTORS, LAWYERS, AND NURSES

✓ BY C. F. BUCKLEY, B. A., M. D.
" "



NEW YORK
THE MEDICO-LEGAL JOURNAL
1923



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PREFACE

This brief manual is not intended as a treatise on Insanity. Its aim is merely to point out to the uninitiated Doctors, Lawyers, and Nurses that the subject of mental diseases is not as abstruse and chaotic as many of the works written on the subject might lead them to apprehend. The simple classification that I select, I have no hesitation in asserting, includes all and every form of mental disturbance and the confused multiplication of terms with which our books are loaded has no merit whatever toward attaining practical results. To segregate and classify is most laudable and useful in all branches of science, but to indulge in the mere verbiage of new terms to express the same thought is a useless waste of time and only leads to confusion. I give in a last page a few of those terms that it would do no harm to eliminate.

INTRODUCTION

The subject of mental diseases is one to which the average physician and the average nurse do not pay as much attention as they should. In several articles published in medical journals from time to time, I have sought to impress this idea on the profession. I am strongly of the opinion that if our profession would devote more effort to the observation and study of this class of diseases there would be very much less of the prevailing and bewildering cults, such as Christian science, Free Thought, the Emmanuel Movement, and hundreds of other kindred fads, each and every one of which in rare cases does some good, but in the aggregate they all do a great deal of harm by exciting the morbid imagination of those people whose reason has not been carefully and sedulously cultivated, and whose technical education has been entirely neglected. Whatever merit may lie

in this direction of psychological medicine would be vastly enhanced in the hands of the cultivated physician and nurse who have in mind the physical condition also.

You will observe, as you go along in the study of medicine, that there is much more achieved by adroit intelligence in the handling of many cases than you had previously thought was possible. You will find that the manner of doing certain things for patients is no less important than the doing by itself. At the present time, as I frequently notice, wherever we turn there is no question that our efforts as a profession in many points fall short because we do not reach out and correct the mental attitude of the patient. It should be made a separate branch of our medical schools.

We will get some of our most valuable information from people of little mental culture. This was forcibly drawn to my attention in a very plain manner some years ago by an uncultivated Slavonian patient. He had been at one time very severely injured (as much as any person could very well be and recover) by the falling of an awning upon his head and

crushing the lower extremities of his body generally, in a frightful manner. His recovery was extraordinary and quite beyond what ought to be legitimately expected, and consequently he was inspired with great confidence in the one who restored him. In succeeding years on various occasions after that he became sick many times and not once was I called to see him as the first doctor, which fact I attributed to his inordinate penury.

He came to my office one day, however, from the country whither he had occasionally gone to lend money, (he had had two or three doctors in the country and then finally came to visit me) hence after he consulted me, I asked him, "How is it, Mr. H, that you always seek medical advice before calling me in, considering the terrible condition you were in when I first saw you?" He said, "Well, I tell you, Doctor, this one suggests this, and that one suggests that, and so I believe them." "But," he said finally, "you know that a man that is sick is a kind of crazy anyhow." I was greatly struck by the force of this remark and realized very early how correct this illiterate man was and how clearly it was put.

Now depend upon it that every person who is sick is more or less defective in mentality whether it is an injury or whether it is an acute or chronic illness of any kind, because the illness or injury, whatever it may be, necessarily demands the first attention of the patient himself.

Of course, as you know, in a great many instances the mentality is manifestly disturbed and what we call delirium is simply a species of insanity for the time being. These grades of mental defect that ensue upon illness require the most careful study and no doctor is free from censure who ignores that condition of mentality in the patient.

The law is not often called upon to decide in these cases whether one's mind is clear or the contrary. But sometimes independent of the illness which confines one to bed or to a hospital, legal gentlemen are very much exercised as to what the degree of mental defect is in many of these cases, with regard to wills, property matters, and especially with regard to the conduct of criminals. To any person who observes clearly and reflects, it is quite manifest that broadly speaking there is apart from this such aggregation as a

criminal class, but that "criminal class" is not by any means so clearly defined as some of our philosophers more or less persistently assert. Degrees of crime are rarely ever sequences of degrees of mental defect, and it would be utterly unsafe for us, as some people do, to assert that all crime is the direct result of defective mentality. There is one thing about it, however, that might be well borne in mind and it is that the mind which is more or less defective is more easily influenced upward or downward than the mind which is not defective, and therefore the defective mind is more easily led into the paths of criminality.

Man, as Herbert Spencer, as well as Thomas Aquinas, have emphasized, is not a reasonable animal. Emotions and feelings which are not governed by reason play a larger share in our lives than most people are inclined to concede, and it is our duty to observe those shades of emotion, as far as we can, and so by correcting the environment we can unquestionably very often keep individuals from lives of degradation.

The degrees of mentality between criminals and average people or people of

splendid genius, are not as great as some seem to imagine, and while many of our writers, especially in mental diseases, claim that everything is the result of heredity, or as they call it, inborn capacity, it is to my mind clearly untenable. Not long ago one of our local professors made an extensive investigation into the condition of prisoners in one of the large state penitentiaries and boldly lectured to his class afterwards that he could tell the criminal head from the non-criminal. This has been gone over many hundred times and never found to be correct. This proposition is not worth discussing.

There is a celebrated case always quoted in relation to this subject, that of the Jukes family in New York. The advocates of heredity are ever pressing forward this remarkably immoral and criminal family for three or four generations. When first reading it, it appeared to me that there has been one grave, underlying fallacy in the whole matter which has been completely ignored, and it is that these people for three generations, lived precisely in the same surroundings in which the original criminal lived and flourished; in other words, the environ-

ment of three generations remained stationary, and hence the environment overlooked, had more to do with their history than heredity. I will not go into the case further than to say that these criminals and prostitutes, people of low morals and defective mental parent stock, had no opportunity of getting away from or at any rate abandoning the surroundings in which the first of them appeared.

You are probably aware that many of our public teachers and employees in the state and nation devote much of their time just now to the observation and classification of these mental defects in the growing youth of the country, and give them often very absurd names. The shades of difference between them, from absolute insanity to average soundness of mind as we regard it, are so numerous that it would be perfectly impossible to bring about any classification which would be worth any attention. From my observation I am convinced that no two of this body of teachers would agree upon the same nomenclature for half a dozen different degrees of mental defect if called upon separately to supply the names. Of course it is very desirable to seek to re-

duce to form or classification all conditions in nature that admit of it, for then the subjects can be more readily grasped and more correctly treated, but in the vast and limitless fields of ever changing human mental conditions and efforts it seems a very fruitless task at best. One thing is quite certain, however, that what may be a mental defect in one social condition may not be in another, and when we see two different people, differently trained, coming from entirely opposite surroundings, doing precisely the same thing, uttering exactly the same thoughts, we might truthfully say of the one that it is a strong evidence of insanity, whilst in the other it may be a perfectly sane and normal condition.

To put an extreme case—a grave, solemn clergyman is seen pilfering fruit from a street corner fruit stand: We immediately and unhesitatingly pronounce the act insane. A street gamin does the same thing, but we see no mental defect in the act. It is simply mischief or knavery.

A young lady is brought up in the best possible surroundings. Her mental and moral training has been faultless. She

suddenly or slowly develops a manifest tendency to indulge in the language of the gutter. Her conduct otherwise may be above reproach and she mixes with her friends with perfect freedom and on perfect equality and they notice nothing abnormal, but the trained alienist, doctor or nurse, very soon discovers in that conduct the initial symptom of insanity. The poor outcast often the daughter of poverty and degrading surroundings, swept into the gutter by the perfidious lust of some semblance of the genus Homo, indulges in precisely the same utterances and of course her conduct can in nowise be ascribed to insanity.

There is another phase to this side of the question that is very important to remember: namely, that whilst most people who are insane manifest the insanity in speech, in action, and in writing, yet there is quite a large minority wherein the insanity is manifested in speech alone, in conduct alone, or in writing. These are cases where the average person when called upon to investigate, makes very serious mistakes. The conduct of itself is generally the most pronounced index of

insanity, and next to that comes speech, or conversation, last comes writing.

You will very likely find that persons who are afflicted in this way demonstrate it very plainly in one or other of the two forms of speech or action, but writing alone is quite rare. Still it exists and I only refer to it to emphasize how important it is to bear this fact in mind.

Here in these United States where experts, so-called, are as numerous as the grapes in the vineyards, it is rather sad and unpleasant and somewhat degrading to the medical profession to see how strangely and how frequently their opinions differ, yet most likely each and all are perfectly honest. From my observation the learned judges in these matters arrogate to themselves altogether too much knowledge, or appearance of knowledge, in relation to this subject also. I just recently, in looking over the "Medico-Legal Journal" observed some quotations from one of our California judges of the Supreme Court who lays down the law for the benefit of the medical and legal professions. This gentleman ignores apparently the opinion of the skilled alienists because they had never seen the

patient and answered simply to hypothetical questions, and yet he called their testimony "weakest and most extraordinary." Judges, like other people, and especially our judges in this country, who are not by any means men of highest learning and character and not always taken from the more learned members of the Bar, have just as much prejudice and are as one-sided as the medical expert. A judge because he is such, is usually not less facile in relation to his surroundings than a doctor, and we see that from the hopeless and self-evident contradictions in their many decisions. This is a subject which you and I are not concerned about except that it is my duty to refer to it and we must bear it in mind before dwelling on the subject in detail, and the public should not accept the arrogant lop-sided opinion for that is all this judgment means—of a man quite uneducated in this department of knowledge, in preference to the opinion of the trained expert. It would be just as reasonable for a judge to accept the opinion of an unskilled laborer as of equal value to those of highly trained naval constructors when it comes

to pass upon questions touching the building of a battleship.

The whole history of the young lady touching whose will the legal contest occurred which called forth this audacious arrogance from the would-be learned judge, who rendered this decision, up-raiding doctors, I happened to be quite familiar with. She belonged to what is known as the "four hundred" of the local society. She had an insane mother (that fact was never disputed) and moved in the ordinary frivolous circle of the idle rich. She became ill like ordinary humans, and by order of her doctor, she was sent to travel with no other attendant than her ordinary maid. They went as far as New York, no farther, and she jumped out of a window eleven stories high in one of the fashionable hotels of the Metropolis. She had conspicuous wealth and left it all to her confidential travelling companion, and her relatives got nothing because the testimony of medical experts was ignored as they "had not seen her."

Bearing in mind that at least ninety-five per cent. of all suicides are insane, and omitting all the other considerations,

these experts (in this case men of consummate knowledge of the subject) pronounced her insane, but the dozen or two ((society)) gabblers testified otherwise and evidently their opinion weighed more with this particular judge than those of the men specially trained and educated. It may not be uninteresting to relate that one evening during the trial I happened to be attending one of this coterie and by a half a dozen at least of those who were visiting and discussing the subject, was asked my opinion. I replied that I preferred the opinions of the experts who testified that day to those of all the society women on the continent. But they urged, "we knew her." "Yes," I said, "but you cannot see insanity where an expert can." I added, "You'll be surprised to learn that one of the leaders of your 'four hundred' is perfectly insane, though mingling in all your functions frequently and beautifully entertaining in her own home daily. I do not, of course, refer to any of you young ladies here present." Not more than a month had passed when society was again shaken to its centre by the tragic suicide of the young lady I had in mind.

CHAPTER I.

HYPERTHELESIA

Before coming to the study and classification of insanity proper there are intermediate attitudes that admit of a great deal of most useful study and observation. There are two especially which demand our attention, surrounding which there is everlasting confusion in our daily practice. Those are Hysteria and Neurasthenia, as they are called, but both very unsatisfactory terms for any purposes of diagnosis. The name Hysteria is a very inappropriate one. It comes from the Greek work, "Hysteron," the womb, but as fully twenty-five per cent. occurs in males, you see how inappropriate the name is. That we will discuss later on however.

As regards the term Neurasthenia, it approaches nearer to naming the disease than the former, but still that also is very defective and quite wide of the mark.

Neurasthenia means simply a want of strength of the nerves, therefore you see the name would apply to the nerves of any portion of the body, as well as to the chief nerve center, the brain, rather than to the mental attitude.

These two terms I have grouped under one general heading, namely *Patholesia*. The word, "*Patholesia*," means a pathological condition of the will. In other words a will that is abnormal. I am confident you will find that this peculiarity will be the first thing that strikes you in relation to these two condition. *Hysteria*, when you are brought a good deal in contact with it, will unquestionably demonstrate to you that the will of the patient is the first offender, and is simply astounding in its exaggerated power. *Neurasthenia* will almost equally astonish you by the defect of the will, hence I prefer to use for both of those defective terms, *Hyperthelesia* and *Hypothelesia*; the one meaning an exaggerated condition of the will-power coming from the prefix, "*hyper*," above; and the other prefix, "*hypo*," beneath, signifying a defect of the will. It may be that in the future some better nomenclature than this may

be developed, but I am satisfied that the more cases of these classes we observe the more we will be disposed to see that these symptoms are very manifest, in fact are the leading symptoms. This name after I first used it in a magazine article, has been challenged on the ground that there was not physical cause underlying it. I rely upon the one fact that must guide us all through these classes of diseases, that is the influence of the mind over the body: that the will quite frequently produces pathological conditions of the body.

Taking Hysteria at first, or Hyperthetlesia, you will be astonished at the exaggerated functions of the body in this disease. When a woman makes a lot of noise and behaves in a boisterous, demonstrative manner, it is the common expression of doctors and laymen to say, "Oh, she is hysterical." There is no Hysteria about that, it is simply a little emotional want of control for the time being. But in true Hysteria it is not a want of control, so much as an absolute exaggerated capacity to do things that were never dreamt of before by the individual nor attendant. It is no uncommon thing to find a person

suffering from this disease bringing under the will power those functions of the body that are normally quite free from any voluntary control. For instance, you take the stomach: in our normal condition none of us have control over its functions, fortunately, but in the condition of Hysteria it is marvellous what control is acquired over it. Concrete examples better illustrate these conditions. For example, I am called to see a young lady who has been three months in a very good general hospital and investigated thoroughly, with the diagnosis "carcinoma of the stomach," because every time she takes food even in very small portions she vomits. That has been going on for three months. She was greatly emaciated. After careful examination I conclude that the seat of the trouble is not in the stomach at all but must be in the brain. Among other things that guided me to this conclusion was a marked difference in the pupils of the eyes. I concluded that she had a tumor on one side of the brain. While observing her for about a week or so, I tried to test the stomach delinquency again, by inducing her, (which she was very reluctant to do)

to sip a little plain water. I handed her about two drachms of ice water, and observed that she swallowed it apparently, but rejected it, as I thought, before it had time to reach the stomach. I calculated it had not reached more than half way down the oesophagus. I concluded that she had acquired the capacity to tighten up her gullet in some form, and so reject anything she wanted to reject. After a few visits, accordingly, I turned my attention to the question of Hyperthesia. She was lying on a very luxurious couch and was apparently uninterested in anything. There were some quite fine works of art in her apartment. I noticed a little dust on the frame of one of those pictures, and I told her that it was a shame to have any dust on such a beautiful work of art, and suggested that she might get up and dust it. Off her guard, she did so, with apparently great effort, but handled her little brush very dexteriously. I then again suggested to her to try a sip of water in the erect position. This she acceded to, and retained the water while I distracted her attention by other things. After this I prescribed a certain amount of duty for her every day, and very soon

the young lady was able to take indicated drugs which stayed on her stomach and in a very short time she was cured of her malady.

Another illustration of this power of the will over the body, or "Hyperthelesia," occurred in a child, about twelve years old. This girl was uncommonly handsome, and if anything, over-developed for her years. To the ordinary eye she looked quite a healthy girl, and her father and mother, who were around, looked very healthy people also. When I first saw her she was in bed with the stereotyped weight and straps used at that time for affections of the hip joint. Several members of our profession had seen her in the course of of the three previous months, and each one had the same opinion, hip joint disease. One eminent surgeon, who was a very painstaking, able man, was the last who had seen her before I was called, and he had given a similar opinion and had treated her for about three weeks for this disease.

After two or three days study of her case I concluded that she had not any affection of the hip joint, but possibly might have some spinal meningitis. When freed

from the weight the limb dropped into the classical position of those affected with hip disease. She commenced to refuse food and spoke less to her family. She neither complained nor apparently suffered as one with hip disease usually does. After a day or two she declined to speak in response to any questions, and I certainly felt that if there was any spinal trouble it was ascending right rapidly. Her arms she could move without difficulty. Her digestion appeared to be quite normal, and with all she was without fever. After about four days study of her case I concluded that she possibly may have Hyperthelesia. At any rate, I determined to make the experiment, to test the matter, and so one day I carried in my pocket a small, fine-pointed knife. Her father and mother were present in the room when I decided to make the experiment. She had never menstruated, and this fact was more or less antagonistic to the diagnosis of Hyperthelesia. I then sat on the bedside and talked with her a little while, but she made no response whatever. After this, in an undertone, almost in a whisper, I said to her, "I have brought this knife along, determined to

open a vein in your leg if you cannot get up today." She made no response whatever to this also, in fact, at this time she had not spoken at all for two days. Calmly, in a whisper, I urged upon her to get up or I would put this knife through her. She looked at me rather blankly and made no demonstration whatever in relation to the threat. I poised the knife over her leg so that she would see it plainly, emphasizing the fact that she must get up or I would put it through her. She never moved a muscle or made the slightest demonstration, until suddenly I gave her a quick prick of the fine point and then she jumped out of bed and ran across a good-sized room to her mother for protection, and did so with apparently first-class power of locomotion. The father and mother were quite dumbfounded about the matter because they did not overhear what was going on, and looked upon me as a miracle worker.

The child was immediately ordered back to bed, laid on her side, fed. She cried for a little while, then ate fairly well, but never resumed the leg position that she previously had assumed. In a very short time she became quite a well-

developed young lady and married rather young. But no alteration of her social position or circumstances ever brought back this particular form of disease.

I wish you to remember the fact that this child, who apparently had never seen anything of hip disease, had assumed that attitude and carried it on successfully for three months at least, without men of excellent attainment being able to detect the simulation. A normal will in one of this age could not successfully play this role.

A young lady of sixteen had been treated during a period of four months for "fits," by an eminent local specialist, who acquired quite suddenly a very extensive reputation of curing "fits" because he claimed to have a secret nostrum for this purpose. After three months trial he did not succeed in this young lady's case and the mother, who was a rather intelligent woman, asked me to come and see her daughter. Of course the presumption was that the young lady had suddenly developed epilepsy, hence the industry of the gentleman alluded to. I accidentally discovered that she never had one of those fits unless a man was present in the room

which immediately led to a convulsion. Even the presence of the father sometimes led to it. However, the main fact was, as related by the mother, that she never got any convulsion unless there was a man in the room. Without any erotic or immoral proclivities this was to me a very strange development, but by degrees it was unmistakable that she got a convulsion whenever a gentleman was brought into her room.

Acting on this I told the mother that no person in male attire should visit her, not even her father. The mother was quite intelligent and accepted the situation without question. After this she went for quite a period of some days without any epileptiform seizure of any kind. I then realized that it was my old friend Hyperthesia in operation and while I could not in any way, shape or form, attribute her conduct to any abnormal sex proclivity, I very soon informed her with great confidence that I was going to subject her to very rough treatment if she indulged further in simulating these convulsions, because I felt assured she could control them if she made up her mind to do so. Meanwhile I gave her some nerve tonics

which had the effect of quieting her,—ordered her out of bed and recommended a rather spare diet for a while. This succeeded admirably and in a very short time she was a bright, merry young woman of ordinary intelligence and capacity.

The striking peculiarity of it was due to the fact that the presence of a gentleman of any age in her room, even with her mother present, seemed to lead to the attack. Of course, as I have intimated before, the will in her case was the offender, but the normal will of a young lady of her age, simple and unsophisticated, could not simulate epilepsy, hence I dwell upon the fact of the diseased will.

A young man about twenty-two is the spoiled child of three maiden aunts who have accumulated a competent fortune and do not deny him anything he demands. They are advanced in years, living in nice, comfortable surroundings, and he is the apple of their eye. Subconsciously, or otherwise, he realizes this and acts accordingly. His hours and habits are bad and he becomes quite imperious in his requirements. A family council is held and he is refused certain

further demands which he thinks he ought to obtain. He stays in bed and eats little, and claims that he sleeps not at all. Suddenly he is unable to move his right arm or leg, speaks with hesitancy, and very little at all. The aunts have at least half a dozen gentlemen of our profession come to see him. One night I was called suddenly out of bed (they lived not far from my house) with the alarm that the darling was dying, and I found him with those symptoms just alluded to, but very pronounced. The old ladies, all three, were around his bed and expected his death. He tried a little crude effort at convulsion shortly after I had seen him and refused to make any replies to questions which I asked. He had not taken any drink or other stimulant for at least forty-eight hours. Before that they half fed him on wines generously. I requested the old ladies to leave the room and let me alone with the patient for a while. I then talked to him in great earnestness and told him that I understood his position thoroughly and that if he did not get out of bed I should see that the police compelled him to do so; among other things I told him that if he did not do

exactly what I wanted him to do, I should have him committed to an insane asylum and hold him there until he got very sick of it. He seemed a little stirred up at this announcement and manifested a slight inclination to answer questions. I realized then that it was all simulation, or Hyperthelesia. There was one peculiar symptom which he maintained during all the time of our conversation, that was a rigid extension of his right hand outside the side of the bed as far as he could extend it. I peremptorily told him to look at a certain figure of one of his ancestors towards which his face was turned. I asked him who the individual was that I pointed at, and then told him he must point his own finger at this figure so that there would be no mistake about the location. He did not do so immediately but I pricked him a little bit with a hypodermic needle in the refractory arm, and he then pointed to it quite steadily. After a few minutes I said, "as well as you have done that, so well can you walk. Your aunts are broken-hearted about your condition and it would be a great pleasure to them, and to me, if you would just sit up on the side of the bed. He did so almost

immediately and then, following it up without giving him much time to reflect, I ordered him to stand up and when standing I told him to take two or three steps across the room, which he did almost in absolute fear of refusing any request. I walked him around the room several times and then while he was in the act of walking brought in these three old ladies. They were terrified to death to see how active he was on his feet. When they appeared, he immediately laid down as though he were very much exhausted and gave them the idea that I had treated him very roughly. The result was that some credence being given to his assertions, the old ladies were very indignant toward me. I left the house accordingly and told them to obtain the advice and opinion of somebody else. Next day they realized that they had made a mistake, requested me very humble to come and take charge of the young man. I felt it a duty to do so, because I hold that personalities should not enter into the discharge of such duty. I denied this young man all spirituous drinks and liquors. Otherwise ordered him to be very well maintained and sustained and with the aid of some nerve

tonics had the great pleasure of seeing him a very creditable member of the community a short time after. The Hyperthesia here was manifested generally in his power of self-denial, but most particularly by the manner in which he had held the muscles on the right side of the body for such a long time. A normal will would scarcely be capable of such a sustained effort, especially in one so feeble physically.

A lady of middle age, well born and well bred, suddenly looms up in San Francisco in a very dilapidated financial condition. She had an unusually attractive personality and a splendid capacity to write really brilliant letters both in penmanship and diction. She is living in a very poor neighborhood and in a very poor way. She writes letters of the most appealing and powerful character from her room. A fine healthy girl of about twelve and a handsome boy of about ten, are her children. She evidently discovers the most benevolent ladies of the city, and she selects them in groups, and in her appealing letters she succeeds admirably in luring their benevolence to her chamber. I happened to know many of the ladies and

at their request I visited her. Her surroundings were quite appalling, considering that she moved in the very highest circles in her early days. She easily played upon my sympathies. I tried to do something for her children, but they did not seem inclined to leave her, and the result was that through a woman who lived in her immediate proximity I discovered that she was an imposter. She continued her industry for some months, but after having failed in one direction and another to acquire any more of the luxuries that she needed, in the way of wines and liquors, she suddenly turned around and educated this boy, who was then about ten years old, to simulate epilepsy in the streets. The lad selected as the place for his efforts, always a position where a group of well-dressed men were standing on some of the principal streets. I saw him myself once or twice and the imitation of an epileptic spasm was so perfect that I thought it was genuine until by slow degrees I discovered the contrary. He always obtained quite a little sum of money, as on recovery from the simulated seizure he excited the greatest commiseration and has learned how to ap-

peal to the bystanders as regards his poverty and the condition of his family. By degrees he grew so accustomed to this habit of simulation that he actually did get epileptic seizures which he could not control and wound up his latter days in a public institution. -

I give this as an illustration of what I insist upon in all these cases, that the morbid will does produce a morbid or pathological condition of the body. It would be difficult to find a more pronounced illustration of Hyperthelesia than this one particular case.

A young lady, a doctor's wife, is informed by her husband that she has tuberculosis of the kidneys and must die of it in a very short time. This gentleman, it appears, was enamoured of another woman and was very desirous of getting rid of the woman to whom he was married. There was no doubt of this fact, as it was developed fully afterwards. But the question of tuberculosis of the kidneys was closely investigated and though she had no tubercles, she had nephritis of an acute character, and was dangerously ill with it. By my advice she was taken to her father's house away from the

influence of her husband, who had almost daily consultations on her case with some old friends, men of good repute but too facile in agreeing to the husband's opinions and surmises. After the removal to her father's house she was placed in charge of an excellent nurse, with injunctions to the nurse to allow nobody into her room but her mother, the nurse, and the doctor. The doctor was a gentleman of strong personality and consummate ability. After a while there was no apparent improvement in the condition of the kidneys. She suffered very much from insomnia and constantly rejected her food. At this time I was called in consultation by the mother and suggested that she should sit up in a bright, sunny room for a portion of each day and also that she must not regard herself any longer an invalid. She was informed that all the secretion of albumen had passed away from her kidneys, (though it had not all disappeared), and she must regard herself as on the high road to health very rapidly. At first she rebelled against this regime, claiming that she was in a very bad way and suffered greatly from back-ache. She was induced by the nurse, who

was clever, to take everything that the family had taken at the regular meal hours. This she did and by degrees, in a very short time the albumen did actually pass away and she became quite a robust, healthy woman.

I knew this young woman prior to her marriage and she was a bright, cheerful, happy girl. She seemed to be unusually healthy, had a fine, florid complexion. When I saw her in consultation all this was entirely changed. She looked very palid, though not emaciated, and very depressed in spirits. I concluded and my associate in the case also concluded that the mental agony to which she had been subjected by the unwarrantable conduct of her husband, led to her anemic condition, and this anemia grew to such an extent that albumen found its way through the kidneys. After the success of the change, she lived no more with this gentleman, became quite a prominent social figure, and enjoyed perfect health whilst here in California. I think there is no question that the evil suggestion led to the degeneracy, and that the removal of the suggestion led to the happy recovery.

A young boy, age about fifteen, a scion

of a member of a wealthy wholesale firm of merchandise, becomes sick. A physician is called to see him, who discovers that he has pronounced heart disease. The boy and the family get very much alarmed at this discovery and after a little while he is very indifferent in his attention to his ordinary avocation.

His grandfather, quite a clever, shrewd, intelligent man is one of the firm and during the hours that he is at the store he observes the boy pretty closely. Not very long after the doctor made his pronouncement of heart disease, the boy went through what was regarded as an epileptic seizure at least once a day at pretty much the same hour, in one of the lofts of the store. He never was seized with anything of the kind at his home, evening or morning. His home was not very far from mine and though I had attended members of his family from time to time, he evinced strong antipathy to any consultations with me. At length he was obliged, and consented, to subject himself to my examination. I discovered that he had no form of heart disease and I had a very strong suspicion that this epileptiform seizure which he underwent every

day was assumed. I told the grandfather (the father was very weak and unreasonable—fathers don't like to think their children deceitful) my surmises and I requested him to make a note of the boy's mental condition in the spasm, that is, to ascertain whether he recognized what was passing around him or not at the time. The grandfather did so and informed me that in his opinion the boy knew quite well what was transpiring around him at the time of spasm. After this I told the father he must let me take him from home and place him in a special hospital and allow me alone to handle his case, for two or three months. The father at this time was preparing to go to New York and possibly thence to Europe and I told him accordingly that it probably would be well for him to take the boy along, and I also gave him the name of one gentleman in New York, the late Dr. Spitzka, and to place him under his care. He did not do so. He had heard of some wonderful "fit" doctor in New York, whom I had never heard of, and after about two months sojourn there, no improvement was perceptible in the boy. He then took him to London and there no

benefit resulted. If anything the spasms became more frequent. From thence he proceeded to Berlin as he himself was a German, and placed the boy under one of the Berlin professors whose name I do not recall. I received a letter one day from a sister who accompanied them, saying that her brother was no better, and Professor So-and-So wanted particularly to know from me the name of the disease for which I treated her brother. I wrote on a card "Hysteria" or Hyperthesia, a better name. Shortly after the boy commenced to make rapid strides towards recovery and returned home in about two months perfectly free from his convulsions. Here was a lazy, indolent youth, of not much power of mental or physical effort, who went through this abnormal strain every two or three days for the better part of a year without any apparent exhaustion.

A lady of middle age, a polished, refined woman, three engaging children from fifteen to twenty years, has been sick off and on for the past few years and utterly unable to speak. One night after dinner she is seized with a violent convulsion, according to her husband, who is an intelligent man. In consequence of this

I am called in to see her. She rested quietly that night under the influence of a narcotic, and the following morning when I called, in my presence she acquires a violent spasm of the body. At this time I learned that she had not spoken for eleven years, and that, eleven years ago, while talking to her husband, in her bedroom, she suddenly had her first spasm. It evidently was in no wise connected with her brain, though she had been told eleven years previously that it was a hemorrhage in the brain that caused the spasm, and that she would never recover completely, and especially would not be able to speak after it. This the doctor told the husband in her presence and she kept the pact. As I saw the form the spasm took, I was able to assure her husband that the brain had nothing whatever to do with it and that it was, in my judgment, a form of convulsion which would be easily cured. I also told him that if permitted to have the services of a competent nurse with her I believed she would very soon be able to speak. I felt confident I had to deal with my familiar friend, Hyperthelesia. I never before or since saw—not even in

Epilepsy,—such a peculiar contortion of the whole muscular system as she indulged in. It is no exaggeration to say that she could twist her head to such a degree that her face looked straight back of her. The nurse was obtained; I instructed her what to do. This patient was quite musical; the nurse, a very cultivated Irish woman, was also well trained in music. The patient took music and singing lessons from the nurse at my suggestion, and commenced at the foot of the ladder. In a very short time, not more than a month, this course was pursued and the nurse told me one day in the patient's presence that she (the patient) could speak just as well as she (the nurse) could if she wanted to. I then pointed out to her what a crime it was that she should not converse with her loving husband and children when she was capable of doing it, and they so longed for it, and after a little effort in this direction and some interrogatories leading up to it, she blurted out as plainly as a refined woman could, "I assure you my mother was a perfect lady." That broke the spell and afterward she talked quite freely.

I lost sight of this patient some time

afterward, but I learned that she finished her career, unfortunately, in an insane asylum, and that her husband also had become afflicted. This might be expected from the history of the whole matter.

A young woman whose husband is quite wealthy has completed a beautiful new house in one of our most select avenues. She is fond of entertaining and has a multitude of friends. Suddenly she becomes quite ill according to reports; her husband and friends abandon all hope of her recovery. She is confined to bed for about two years and in that time has had at least twenty different medical attendants at various periods. Her husband one day called on me, and went at length over all her varied symptoms. After some conference with his friends the lady was placed under my care. When I first saw her she had four nurses in attendance, two night and two day nurses. She had a whole coterie of half friends and half dependants constantly visiting her. After a few visits I learned and saw that at noon every day she acted as though she was in the pangs of parturition. I observed many things about her general constitution very unsatisfactory, such as occasional vomit-

ing of her food, very frequent micturition and a great deal of insomnia. After a few days further observation I informed the husband that three of the nurses must be dispensed with, and that one young lady who impressed me as being the proper attendant for her, alone should have charge of her. I also told him that this stream of friends and sympathizers and sycophants must be stopped, in other words, I told him that she must have no person visiting her but the nurse in attendance and myself and himself occasionally. This was all done under more or less protest from her, and a little from him. This performance of going through the pangs of labor was continued but had not grown any worse and the absence of "loving friends" seemed to have a good effect upon her. Shortly after this I told the husband he must send up a carriage to the house the following day at noon, the time when we had the would-be tearful tragedy every day. The carriage arrived while I was in her bedroom and without giving her any time for reflection I told her she must get up and get ready for a carriage drive that day. It happened to be a very beautiful day and everything favorable. She in-

sisted that she could not walk and therefore could not go down stairs. I told her that was a facile matter to overcome; we could take her down stairs if necessary, but I felt assured that she could walk. We reached the street after very little effort. She would go for a drive if I went with her. I readily consented. We passed by a Catholic Church shortly afterward, (she was non-Catholic) the Angelus bells rang; she seemed to know intuitively the hour for the "performance" and on the carriage seat she made a grimace and apparently strained as she had been accustomed to do. By a preconcerted admonition and arrangement the nurse laughed at the performance, I tried to conceal my emotions, but she herself very soon gave way to a genuine paroxysm of laughter. This spell was broken, and she became perfectly well. She shortly after went for a trip to Europe with her husband, and has been for years a prominent social figure.

A young lady joins a religious order wherein there is no seclusion. The members go out to do very useful work, such as visiting the sick, poor, and in her avocation is quite free from any of the brood-

ing propensities and imagining to which seclusion might lead. She suddenly conceives the idea that she must be singularly blessed and so develops some marking of the crown of thorns and the nails that were prominent in the crucifixion. One worthy clergyman who took great interest in the matter, tried in every possible way to ascertain from the doctor of her community whether these markings were in any way fraudulent or unnatural. The doctor, a poor ignorant sycophant, proclaimed the affair as miraculous and continued to so assert from time to time, until the whole condition and circumstances got into the local Press. Investigations were then made, and outside physicians were brought in consultation, among whom I was not, and nearly all those proclaimed the affair as very mysterious to say the least of it, and could not explain it. Fresh bleedings occurred always on Friday night. Some Catholic ladies who were clients of mine, asked my opinion from time to time about it, and I told them that it may be possibly some form of Hyperthelesia. Cases of a similar nature were known and reported, I assured them, where people of their own volition, suf-

fering in this direction could bleed from any given part of the body where it was demanded. A number of such had been reported in Medical Journals. I had manifestly offended them because I did not accept the miraculous theory about the matter and hence I had nothing further to do with it than being an ordinary observer of what was transpiring in the papers from day to day. An associate clergyman of the one most concerned, called to see me relative to the case and I gave him some review which had then been published citing some extraordinary cases where abnormal will-power produced unlooked for results. The celebrated case of Louise Lateau of Belgium was cited and reviewed extensively, and other collateral cases, the result of all which was, that this gentleman after having read them over carefully, reported back to me that he personally was quite satisfied and wished his bishop were here to govern the whole subject. The Bishop was absent in Europe. To be brief, at this time she was placed under the observation of another religious order, whose chief was a clever, cultivated woman. It did not take her very long to discover that the

young lady, in the crudest possible way, produced the bleeding by the use of common pins, and so the bubble was burst. This young lady came from Liverpool and was here some years before she joined this religious order. As a consequence of her conduct she was, of course, expelled from the order which she had joined.

These few cases are culled from many hundred because they sufficiently illustrate in a marked manner how varied are the manifestations of this peculiar malady. You will observe that it is not limited to any age or sex, as I stated at the outset. Surmises, nothing more, are frequently put forward to denote the type of constitution of the individual susceptible to this class of disease, that is to say, the constitution that begets Hyperthelesia and allied troubles. From a protracted study of these maladies I am unable to point to any form of constitution specially indicative of them, further than to say that the male who is the subject of Hyperthelesia is generally of a somewhat effeminate appearance and character.

A recent Irish poet has put this marvelous power of the will, in beautiful blank verse rather tersely, when he says:

What a mild wonder is a woman's will,
Impulse commands it, hope and faith and
 love,
But justice never, truth and justice never:
Who would control it would make fast the
 sun and whirling earth,
And pluck the arrow from the lightening's shaft.

All writers agree that subjects of this malady are capable of simulating all the bodily ills from which we suffer, and from my own observation I do not think there is much question of this fact. I have seen frail, feeble women when thus afflicted, stand on one toe much longer than the most renowned danseuse of the stage could ever do.

CHAPTER 2

Hypotheselesia, or Neurasthenia, which was formerly named Hypochondria, is a very much more general complaint than Hyperthelesia.

In point of fact, it is a very common complaint and very easily produced by evil suggestion or by nervous shock of any kind, protracted or sudden.

Some writers claim that it is confined in both sexes to the period around adolescence or puberty. My own observation does not agree with this view by any means.

Ladies of mature years, when told by some medical man that some of their organs are out of order may start brooding over it, thus their nerves becoming affected and very often they imagine that they have some form of heart disease.

Palpitation around the heart, or some throbbing of the Solar Plexus in the heart region is one of the commonest signs of Neurasthenia, and marked cold

and clammy extremities always denote it strongly.

Neurasthenics almost incessantly consult medical men and the slightest word touching any disease, conveyed to them, immediately gives them the impression that they have that particular disease.

I think it may be fairly said that half the operations demanded for abdominal incision are due to Hypothelesia and I also believe that from these suggestions and constant dwelling upon them, certain organs of the abdomen absolutely do acquire pathological conditions. There is a vicious habit that prevails among the female portion of the community of telling each other of the wonderful operations they have undergone, and if not undergone by themselves, of talking freely touching some operations done upon some friend of theirs "in the hospital." It seems to be a source of pleasure to them to relate minute details of these subjects of which they know nothing. It is not a very difficult problem to understand then that, say one-tenth of those who hear these wonderful tales immediately seek relief because they think they have something of that nature.

Recent writers seem to think that Hypothelesia is entirely hereditary, and like Hyperthelesia, a disease of adolescence, and juvenile periods of life. My observation has not been in accord with this view. Those cases of hypothelesia that I have met, were for the most part among people of mature years and of rather strong and energetic mentality.

In a case which came into court, I testified that the party was not in a condition of mind to sign any documents relating to business because he would not take the trouble to investigate anything of the kind. This is a marked characteristic of Hypothelesia. The documents of co-partnership and all other matters incidental thereto were very long and tedious reading accompanied with the usual circumlocution of legal lore, and while I could not claim that he was insane, when I saw him, I testified that he was not fit to sign any documents which required any protracted effort. Where Hypothelesia terminates and Melancholia begins is very difficult of distinction, and while Melancholia is unquestionably insanity, Hypothelesia is emphatically not insanity. We do not make the laws, but

I am of the opinion that the law makers should take cognizance of those conditions and appoint a commission to investigate any important cases.

One of the worst Hypothelesics I have ever known was a gentleman of consummate learning, great mental grasp, fine physical constitution, and great executive ability. His life was exemplary as a high order of clergyman. He had attended to a great many things, and he had always pursued the details of anything he was engaged in, with great minuteness. His advice was very much sought about ordinary transactions, and every now and then for a period of twenty years he would become Hypothelesic. I have been more than once called in a hurry to his residence where he was declared by his people to be dying. He would lay prostrate on a lounge, claiming that he could not move arm or leg, that he had some trouble which, as he apprehended, caused a paralytic stroke. He was always oppressed by the idea that his heart or brain would suddenly give way. After a little assurance on my part, and a little adroit moving, he would get up and walk around the

room, and shortly after take a substantial meal. Like all people afflicted in this way, though he had unbounded confidence in me, he would often seek the advice of some "phenomenal" doctor, whom he had heard of, and whatever the last doctor had said of an evil nature, invariably dwelt uppermost in his mind. During those twenty years he had two apprehensions that scarcely ever left him—that he had heart disease or was threatened with apoplexy. Both of those came to him undoubtedly from prior suggestions. He was about seventy years old when I last attended him. A short while prior to this attention, through some influential friend he brought in a strange doctor who had performed wonderful feats, and this gentleman brought a friend of his in consultation. Both of them, especially the consultant, gave him to understand that he had some form of heart disease. This coincided decidedly with his prior apprehension and he became very much disturbed. After this I was recalled to see him. I discovered no heart disease or threatening of it, and advised him to take a trip to Europe which on several previous occasions had

restored him to perfect equilibrium. He had heard of Nauheim and stayed there for a little while. He there met an English physician who advised him not to remain at Nauheim, but consult a heart specialist at Heidelberg. This latter gentleman examined him very carefully for a period of two weeks, day after day, and told him he could not detect any heart disease. He then sent him to a high Altitude in the Alps, telling him to stay there two weeks and then come back to see him on his return. He did so, was again repeatedly examined and assured that he had not yet been able to detect any form of heart affection. After this he sent him to a higher altitude in the Alps and told him to stay there a month. This he did, and on his return to Heidelberg was again very thoroughly and carefully examined, with the result that nothing was discovered, and he was also assured that he could now return to his home without any fear of danger. On his arrival home he sent for me and told me very minutely all that had transpired. Of course this restored his confidence, and it pointed out to me that the professor at Heidelberg was a

man of consummate ability in dealing with people of this character. The delays and careful examinations, the intervals and the high altitudes all went to impress the patient with the fact that everything was thoroughly done and it was entirely satisfactory to him. There was no time during my acquaintance with him and attendance upon him that his intellect was not as unclouded as any able, scholarly man ever had been. He had really a magnificent mind, stored with knowledge of a very varied and useful kind, and carried on his shoulders great responsibilities from the time he was a young man. He was a remarkably capable executor of all those responsibilities and the attention to their details seemed to exercise his intellect to his complete satisfaction, but small side issues, attention to which his position demanded, very soon depressed him, and the only thing that relieved him was travel.

Cases of Hyperthelesia and Hypothelesia, run in some cases very close to insanity, in others they are widely apart, but the main difference is that Hypothelesia is more frequently associated with

high endeavor, and more intellectual powers. It is well to remember that in some cases both come very close to the insanity line and in consequence very often lead to insanity. One develops into the excited or hysterical form of insanity, as it is called, and the other into Melancholia. In consequence of these tendencies the patients have to be carefully guarded and if a firm hand is not laid on them they terminate in disaster. It is a remarkable fact that when you see a patient in a hospital jump out of a window, or fall down an elevator shaft, or who has tied a rope around a bedstead and so perished, you will commonly find that while it is in itself, at this stage a strong evidence of insanity, a prior history of the cases will show that there had been previously a very marked evidence of one or other of those conditions that I allude to.

I now pass to the insanities proper, so to speak, and I will seek as far as I can to classify them in some intelligible form so that their study will be more easily followed. As I have said at the outset, the question of insanity to most educated and professional men, not excepting

doctors, is a very imperfect and chaotic idea, and I think that writers on the subject are largely responsible for this situation, because no two of them agree upon any classification; nearly all seek to draw too fine distinctions, which fact in itself leads to great confusion of thought.

I have lately been reading some publications on this subject and I am free to confess that I am amazed at the apparent effort to string out a lot of meaningless words and classifications that really produce no picture in the mind. For instance, one writer states, "These disorders may manifest themselves in the form of abnormal fears, chronic indecision, deficient control of impulses, or deficient will. To this group the term "neurasthenic insanities" was long ago applied by French writers. The term "neurasthenic-neuropathic" is more expressive, though perhaps a little awkward." Then again there is discrimination sought to be made between this term and the "psychastenias," and so the jumble runs along, and of course the user of all this meaningless rubbish is regarded as very learned, whereas to one

who understands both the meaning of the words and the general trend of those diseases these terms are simply used as a cloak for ignorance. Just think of this. The insanities according to this writer should be divided into the following:

1. Delirium, Confusion, Stupor.
2. Melancholia, Mania, Circular Insanity (Melancholia-mania, Manic-depressive insanity).
3. The Heboid-paranoid Group (Dementia Praecox, Paranoia).
4. The Neurasthenic-neuropathic Insanities (Psychasthenias).
5. The Dementias.

This is certainly an illuminating picture of this branch of medicine. In point of fact so illuminating that it dazzles the understanding, and like what happens to those who gaze too long at the sun, nothing is left but an undefined void.

To classify insanity in a judicious form so as to make a perfect picture in minds of different shades is difficult, but not more so than in other diseases. It is very rare that any disease is quite unaccompanied by some other, and frequently, in accordance with the temperament of the individual the one which is most im-

portant may be the one to which most attention is devoted. To my mind the same thing applies to insanity distinctions. As I have said, with regard to Hypothelesia, and Hyperthelesia, one form runs so closely into another that it is sometimes impossible to discriminate between them, but fortunately it is not so very important.

My own classification of insanities, will be sufficient, in my opinion, to formulate useful distinctions. The word "insanity" in itself obviously covers the whole ground, because as you know, it is practically a Latin word, which in English might be translated into "unsoundness;" but usage has made it, as we know, the term applied to unsoundness of mind. There are many other terms used but I think none of them are as plain and clear and simple as the term "insanity." The classification that I make is this:

Idiocy.

Imbecility.

Epileptiform Insanity.

Acute

Mania:

Chronic

Dementia.

Melancholia.

General Paralysis.

Delusional Insanity.

Though this classification is by no means complete it is quite enough to guide us in the study of the matter. All pretentious terms that are heralded by writers serve no purpose that cannot be reached in this simple classification. It is a very common thing for physicians to get on the stand when testifying on this subject and state under oath that everybody, including themselves, is more or less insane. This form of opinion is of no value whatever, and such people exclude themselves as witnesses.

The lines between sanity and insanity are difficult, if not sometimes impossible to draw, but in general, and to the expert the lines are quite clear. It is no uncommon thing to see in books pictures of the various faces and craniums that indicate the different forms of insanity. There is no merit in that. Sometimes an idiot has a fine head. Sometimes an imbecile has a good strong face. But the expression is lacking. It is a customary thing to paint

an imbecile as one with distorted features and small head, etc., but the number of exceptions to this rule point to the contrary and make the rule of no practical value. Other portions of the body almost as much as the head indicate defects of the imbecile. For instance, the limbs are scarcely ever well-formed. Locomotion is very defective as a rule, owing to the undeveloped muscles of that portion of the body, and the prehensile power of the hands is commonly defective also. There is almost invariably a marked difference as to the power of the two sides of the body. Speech is commonly somewhat defective. Hearing and sight not so much but they also suffer betimes. The animal propensities are largely in the ascendant, or entirely obliterated. The habits of the individual very soon indicate this. All are very irregular apparently, the subject not having the proper control. This would appear to apply to almost every function of the body. Blank features show almost invariably an absence of mental effort. It may be said however, as a rule that the heads of imbeciles and idiots are rather small and irregular in shape compared with the

normal cranium of an individual of the same weight. These two classes of insanity, idiocy and imbecility, run so closely one into another that it is scarcely worth the effort to seek to discriminate between them. Idiocy is defined by some writers as an absence of mind, while imbecility as an undeveloped mind. You will see how crude this discrimination is because if one is born without a mind and another has an undeveloped one, where is the difference? The fact is that in both cases there is quite a marked defect of mind at the outset, or may be acquired later in life through injury. It is simply a question of degree, and a question of the temperament of the medical observer whether he shall call one idiocy and the other imbecility or not. I think if half a dozen of our medical experts were to visit the ordinary home for feeble minded children, no two of them would select the same classification, would make the same groupings, as between imbecile and idiots. Therefore it is a very unreasonable effort to spend time over these minute differences.

There is one thing that the law ought to take cognizance of, and undoubtedly it

will come to it sometime; that whatever category we place them in, whether it be imbecility or idiocy, once the line is thoroughly drawn in this direction it would be certainly not immoral or in any way cruel to unsex the individuals so afflicted, because the unfortunate fact remains that the sex passions are very often predominant in those cases. While the useful arts of various kinds may be taught them and they may undoubtedly in many cases be able to be made proficient in the economic sense, the sex appetites being abnormal is a strong deterrent to their utilization in this direction. This is, however, a question for legislative bodies, and I simply refer to it as one of the things within our scope of observation.

I hardly think it worth while to devote much attention to these two forms of insanity because sufferers from them are generally sent to homes for their protection at an early age, and physicians, nurses, and lawyers have very little intercommunication with them afterwards, except those in immediate charge of them. Of course cases arise now and then where some crime is committed by one or the other of these people for

which they are totally irresponsible, or some estate may be involved in their condition.

The second class of insanity to which I call your attention is Epileptiform Insanity, and it is a very important one because the individual apparently is quite capable of attending to all the ordinary business of life, whether it be mercantile, mechanical or professional, and suddenly at some interval, greater or less, the Epileptiform seizure comes on and unfortunately very frequently takes the shape of homicidal or suicidal mania. There are very many instances recorded of this nature wherein during an attack a murder was committed in which the individual was perfectly unconscious of what had happened. A striking illustration of this occurred in the case of two mechanics in England. They were both friends and had worked together a great deal. Work grew slack in their particular location and they went to seek work elsewhere. They slept in the open air one night during the journey and one was found dead in the morning by the roadside with skull crushed and evidence of his being very brutally murdered. His

partner, as we will call him, was immediately accused. He denied strongly that he had anything to do with it and felt very bitterly the death of his friend. His protests were unheeded and he was tried and found guilty of murder in the first degree. Execution was stayed for some time whilst a thorough investigation was made by the commissioners of insanity, the only people who are allowed in England, to investigate such cases judicially. After about three months investigation they saw nothing to interfere with the course of justice, but suddenly at that time, the man was observed to go through a somewhat similar proceeding as that which happened on the highway. Execution then was postponed indefinitely and the unfortunate was placed in a criminal asylum for the insane where he was to remain until the close of his life.

This is a very pointed illustration of this particular form of insanity and of course in its way uncommon, but the malady itself, in various forms, is much more prevalent than the profession of medicine in general has any idea of. The French took great pains to elucidate this

disease of epilepsy. The ordinary physical manifestations of epilepsy are quite plain and most people, even outside the medical profession, are familiar with them. It is no uncommon thing to hear people speak of others as having "fits," and they mean by that generally, that the individual is subject to epileptic seizures. Hughlings Jackson has probably devoted more attention to this disease than any of our recent writers, and he sought very elaborately to connect it with some local brain lesions. I do not think that his success was as great as he anticipated, yet every little step in the elucidation of disease is important. The French long since divided the physical manifestations of epilepsy and the mental manifestations into "grand mal" and "petit mal." That accompanied by physical manifestations they called "grand mal," and that accompanied by mental manifestations they called "petit mal." In all relations of life it is quite manifest that the terms should be reversed, and that mental epilepsy is by far the more important of the two, and hence should be called "grand mal." With this slight explanation it is unnecessary to pursue the defi-

nition any further as we have to deal with mental epilepsy alone. There are some very curious tales authentically related concerning this condition. It has been long observed, but it has been more or less confused by nomenclature. For instance, Abercrombie of Edinburgh who was a great observer in his time, relates a case of hysteria, as he calls it, as follows:

A wealthy family in Edinburgh had a private tutor for their household. The tutor's functions were exclusively for the purpose of teaching the boys Hebrew and Greek. Through the school room in which they were always instructed, frequently passed a tolerably uneducated domestic. According to Abercrombie she occasionally got "fits" as he thought it, of hysteria, and during that paroxysm she spoke nothing but Greek and Hebrew. When she was out of this paroxysm she could not speak a word of Greek or Hebrew, and if a word of either language was spoken to her, her mind was an utter blank with regard to its meaning. In the case of the boy who assumed spasms in his father's store, and by due process of elimination was discovered to have Hyperthelesia or Hysteria.

He never once was unconscious of what transpired during the paroxysm, and therein lies the essential difference between Hyperthelesia and Epilepsy. Therefore it is a necessary conclusion that the young woman whom Abercrombie speaks of in the vein of Hysteria, or Hyperthelesia, was really a subject of Epilepsy. The form of it was quite manifest, even from its physical appearances as described by Abercrombie. The fundamental difference between the two maladies is the consciousness or unconsciousness of the patient.

It is a matter of common historical statement that Julius Caesar, Mahommet, and the great Napoleon were all victims of this disease.

From personal observation I have known the disease to be developed by the excessive use of alcohol, by sexual excess and by flagrant abuse of drugs in the various forms. The alcoholics I have seen most of, and as a general thing their malady assumes the physical type. I have been frequently surprised at the wonderfully beneficial effect produced in these people by the simple withdrawal of alcohol. The physical form of epilepsy

generally is most prevalent among those from ten to thirty years. Whilst the mental malady is more an accompaniment of advanced years and more frequent among men than women. It very often is unnoticed by the family and those around the subject, and I am sorry to say, quite frequently unobserved by the family physician. I have distinctly in mind many cases of this nature whereof this remark is particularly true.

Hospitals for the insane are filled with people suffering from this form of disease and the medical attendants take special precautions accordingly, in order to guard against consequences at the particular period when the attack is expected. Some writers name this intermittent insanity. It is called also by the French, "*follie circulaire*," but another class of the insane more correctly are thus described. In my opinion the word "*epileptiform*" is by far better, because its manifestations and the patient's conduct is entirely different during the paroxysms from what it is under ordinary circumstances.

I remember a fine athletic young man about thirty, of splendid type, apparently

remarkably healthy, and very clever in all his actions. He was fond of reading, very gentlemanly in his behavior and very fond of entertaining any person who came around him. He was a highly civilized, cultivated young man. He had great advantages. He was fond of all athletic games and easily excelled in most of them. But once every six months as regularly as clock-work he would get for two or three days violent paroxysms. Always seeking to take some 'person's life, it took two or three men to control him at this time. Though he was confined in an asylum, he would express his regrets for his conduct, of which he learned afterwards from the attendants, like any ordinary gentleman living out in the world.

In epilepsy from liquor it usually assumes the physical form. Many cases of this kind come under the care of most practitioners and it is not very difficult of detection, but it is commonly regarded as more serious than it really is. According to my observation, when the liquor is withheld and strict temperance enforced the disease usually disappears without much further, if any, effort. I have in

mind a number of such cases, mostly occurring in young men who had dissipated habits.

It may be laid down in general that murders and other crimes committed in this stage are accompanied with unusual brutality and there is a wonderful sameness about them.

A young man of rather feeble physique, of general good conduct, is duly arraigned for murder. His age somewhere about twenty; his weight not more than 120 pounds, light hair, small head and irregular features. Works in a racing stable where horses of many owners are stabled. On one afternoon he and an older man were seen together and not far from the stable, where bars abounded, and were seen to have taken several drinks. They were not the employees of the same man, but their horses were stabled together. The younger man had been a horse jockey, but was obliged to give that up from his getting too heavy. One morning the elder man was found murdered in one of his own stalls not far from the other's horses, and the murder was committed in a very brutal manner. He had his skull crushed by severe blows from some blunt

instrument, and his body was pierced with a hay-fork in different parts. The circumstances all pointed to the younger man being the murderer. The boy denied all knowledge of the crime. He went on to assert that the murdered one was his very best friend, and that they always worked harmoniously together. That statement was confirmed by a number of people who knew them. One feature in the history of the boy had been completely overlooked by the prosecuting attorney and the lawyers who defended him. According to the sworn testimony of his parents and other friends he had had "fits," (that of course meant epileptic convulsions) for a number of years before he had become a horse jockey. He got them at irregular intervals according to the statement, and did not get them at all after he had commenced his career as a horse jockey. They affirmed that these convulsions occurred at no particular time and had no particular period of recurrence, but they did, without intending to attach much importance to it, assert that whenever the boy took any form of alcoholic beverage he either got some convulsion or "he was not himself," as

they put it. I testified that in my judgment, all things considered, the boy was the subject of epileptiform insanity when the crime was committed, and that what he swore to himself, about not knowing anything concerning the crime was very likely to be true. He was acquitted after very severe prosecution by the prosecuting attorney, and soon after some of his friends informed me that he had developed this homicidal tendency so strongly thereafter that his family decided to put him in a hospital for the insane. The case needs no comment whatever, but it is important to bear in mind in matters of criminal prosecution when the plea of insanity is urged in defence. We are entirely too prone to pass by unheedingly the fact that this terrible disease every now and then is the cause of murder, and there is one thing that is almost an unvarying index of it, as I previously stated, and that is that the murder is accompanied by unwonted and revolting brutality.

An authentic case is reported by one of our French writers relating to a member of the French Academy. A very prominent man in debates on scientific sub-

jects especially would suddenly leave the hall wherein the debates were held. In the midst of the debate and while he was speaking, he would suddenly leave his place and take a stroll around some district in the neighborhood, return and again take up the thread of the discourse which he had previously engaged in, and continue speaking until he had finished what he had to say. That is to say, he would in the midst of the discourse lay aside the thread of it, completely change his attitude and conduct, was seen outside, would come back to where he dropped off and proceed as if nothing had happened, while in fact, he had been absent quite a noticeable period of time and knew nothing of that absent period of his life.

There are many cases where the patient indulges in a very different form of conduct from usual, but cannot control it. He does most extraordinary things, quite different from his general demeanor, realizes afterwards that he was wrong, but at the time had no power whatever to control the affair. In these cases if any crime is committed the plea is usually emotional insanity. There is no question

of the existence of emotional insanity, but according to my observation it is most commonly preceded by some other form of insanity.

I remember very well an uncommonly strong, robust young man, who was one of several that dined with us every day and who demonstrated this emotional insanity in a very striking form. One evening whilst he sat some few seats from my left hand, his customary place, I suddenly observed him clutch at his knife and fork very formidably and quickly. I felt he was probably inclined to some mischief, so I just called him by name—Alfred!—in a quiet but determined way. The calling of his name seemed to rouse him from that particular frame of mind which he then developed. I told him quietly that he had better be careful of his conduct, and that was enough to compel him to do so. (His face grew florid and an expression of deep anger and determination showed on it, yet on the mention of his name, the knife and fork seemed to drop out of his hand). After dinner I asked him to come to my quarters. He did so, and then I requested him to tell me what was passing

through his mind at the time he got the sudden emotion at the table. I said, "what was passing through your mind at that time, do you remember?" He said, "Yes, very well." He broke down crying, and replied, "I wanted to kill you." He wept like a child and informed me that he had no cause whatever to bear me any ill will, but on the contrary that he loved me very much for the kindnesses I had shown him. "Then," I said, "there was no real motive for your being angry with me?" He said, "No, none whatever, but the feeling at that time I could not control."

CHAPTER 3

Epileptiform Insanity approaches more nearly Hyperthelesia and Hypothelesia than any other form of insanity, and therefore it has to be discriminated from them when it comes to medico-legal investigation.

The next form of insanity that somewhat naturally follows and should be discussed, is that of Mania, Acute and Chronic. This is probably the most pronounced form of all the insanities to individuals who are not acquainted with the subject. In the case of Mania, generally speaking, "he who runs may read." The wild eye, the disturbed expression, the usual exposition of ungoverned and unreasonable conduct. Violence, shouting, threatening and all these manifestations of erratic behaviour the public at once recognizes as the characteristics of a maniac. It does not always follow, however, that the maniac's con-

duct is so expressive as to be visible to everybody. Sometimes they are quite sly in the presence of certain people with regard to any display of their feelings, but commonly the most ordinary observer can discern that they have to deal with a lunatic. It is in consequence of what they see, so manifest in this class of cases, that most people regard that as the only form of insanity, and hence it is the form almost invariably assumed by criminals. It might be laid down as a general proposition that of all the forms of insanity with which we have to deal it is the most hopeful as regards ultimate cure and permanent recovery. The boisterous, noisy, ungovernable maniac is commonly a tractable individual when closely watched and affords great hope of speedy relief. It is often the result of certain conditions, injuries, or poisons of various kinds from different diseases and consequently the successful treatment of those diseases leads rapidly to the amelioration of the patient's mental condition.

The term "lunacy" has arisen from the fact that individuals, especially in this class, have alternate periods of quies-

cence and periods of boisterousness. Hence these attacks occurring, but not governed in any way by the phases of the moon, led to the idea that the moon had much to do with this form of disease in general.

Almost all forms of insanity have periods of this nature, but the most pronounced is the maniacal. It also should be observed that this intermits. They go on for a while perfectly calm and even appear to get perfectly well, and suddenly, without being epileptiform in character, a period of aggravation occurs. This may possibly be due to some physical, but it is more frequently due to mental causes. Some indiscretion, a noise, excites the patient and brings about the recrudescence of the aggravated period. It is very easy to understand this by observing one phase of it and that is what is called Puerperal Mania. Puerperal Mania is that form connected with the after consequences of pregnancy. Around about the time of parturition the mother gets anxious and nervous, possibly due to some defective secretion of the kidneys and this nervous agitation, in a certain number of all

mothers, leads to insanity for the time, which usually is quite curable by attending to the physical condition that generated it. Sometimes, however, like all other diseases that obtain too much headway, the insanity becomes more or less obstinate and may remain so for quite a while, often for such a period that the woman has to be sent to a public institution. If there is any manifestation of this disease around the time of parturition, the nurse and physician should both be very vigilant and see that the patient acquires no harm either by suggestion from outside or by some self-inflicted trouble.

In acute mania of this nature there is not much probability of the patient doing much harm to herself. In other words, there is not much danger of suicide: but, nevertheless, it should be carefully guarded against by every precaution, such as the removal of sharp instruments, of strings and the securing of unbarred windows or doors. I remember one case where a very fine woman, the mother of two children, was afflicted in this way, which came on quite suddenly over night; next morning I asked.

her nurse particularly whether she had any lack of coherence, or any tendency to do anything to herself. I particularly notified her to guard against any windows being unbarred, and not to allow knives or strings anywhere within reach or around the room. I gave her all the instructions with regard to precautions that should be given. The nurse observed to me very emphatically that she was very quite, very gentle and perfectly harmless, and I suppose, therefore, treating my instructions rather lightly, the nurse left a door leading into a long hall open; the patient went into this hall while the nurse was off her guard and jumped through a window on a third floor at the end of it, which led to her death very shortly after.

The disease known as Mania-a-potu is different from epileptiform insanity that comes from excessive use of alcohol. It is simply a mental disturbance which is entirely free from the tremor of delirium tremens. Some patients instead of developing the ordinary delirium tremens simply get insane from liquor. I remember this peculiarity in a medical gentleman of my acquaintance who was a very

busy man of affairs outside of his profession, and was a very bright, well-informed man generally. When I saw him the first time three of his medical friends were around his room trying to persuade him that he was not in Washington at all, where he insisted he was. I requested those gentlemen to let me be alone with the patient for a while. When called to see him the messengers informed me that he was insane, and of course he was. When at his bedside I did not endeavor to persuade him that he was not in Washington—it is always useless to reason with an insane patient no matter what form of insanity it may be. He recognized my voice (he had two nurses with him) and asked me where I was staying. I had not been before that time in Washington, so I told him I just arrived and that I would like very much to learn from him where I should stay. Accordingly he told me, and straight away I acquired his confidence; before this he was very boisterous and resistant. He then dwelt on his physical condition very minutely, and recognized that he was quite ill, and suffering great pain. I then proceeded to tell him that I would immediately relieve

him of his pain by the use of a hypodermic needle. He wanted some leeches placed over the pain in his neck, but I persuaded him I could relieve the pain more quickly by the hypodermic needle. He grasped the idea, had a hypodermic dose of morphia, and in less than ten minutes was asleep; and when he awoke in the morning he was in full possession of his senses.

I have noticed many cases where acute mania supervened upon typhoid when all the typhoid conditions appeared to have been completely subdued. A young lady, quite healthy and robust has had typhoid, and has gone to the country to rusticate for some time. She came from a very healthy family and there was no trace of insanity in her heredity. In this resort, she being very attractive, the people became quite interested in her and got very inquisitive about her preceding conditions. She told them frankly all about a recovery from a severe illness. They proceeded to condemn the doctor who had allowed her to get to the country and away from supervision so soon, which was about a month after her recovery from the disease. She brooded over this and

got upset by it. From hour to hour and from day to day she kept asking the ladies whether she did not look better to-day. Some said yes, some said no, but the "no" in these cases generally sinks deepest into the mind of the afflicted. Accordingly she became quite insane on the subject of herself and her appearance, and had to be brought back and placed in an institution for a short time.

I also recall the case of a young doctor, an associate of mine, who went precisely through the same ordeal in connection with typhoid. He had, however, some hereditary taint, and it took quite six months and various diversions to cure him of his trouble. It started with suggestion, precisely as in the case of the young lady. Though he was a highly educated man, having spent several years in Europe after he had graduated in New York, he was not aware that he had typhoid fever until he was entirely out of danger. About a month after sitting up he was informed by his mother, who devoted much attention to him, that he got well of a very serious, dangerous attack of typhoid. He was quite startled by this announcement and immediately mani-

fested some mental defect. He was at once ordered to the country for recreation and rest, and he took long walks away from the portion of the country where he was, and constantly interrogated people on the highway, as to his aspect. This became so unpleasant to his mother than he was immediately brought back to the city at my suggestion. I discovered from the old lady that as a boy he was very fond of the cultivation of flowers. Accordingly she rented a house surrounded by an ample garden, and he devoted all his time and attention to his favorite pastime. I never saw more beautiful roses and flowers than he produced in a very short time, and in a few months he was back into harness, intelligently practicing his profession.

These instances of acute mania are given this prominence at the start in order to point out that they are curable and that this is mainly brought about by suggestion. When the mania becomes more or less chronic, there is not so much probability of speedy restoration to health, yet even when they last quite a while they are not to be despaired of.

As in the case of mania arising from

the excessive use of alcohol there is a form closely allied to it which comes from uraemic poisoning. It matters not what has induced the uraemia, whether alcohol, drugs, or other diseases, but there is in connection with uraemic poisoning a distinct sequence of acute mania every now and then which lasts for a greater or lesser period. From time to time I have seen several such cases, nearly always as the result of dissipation and excesses. They are very important every now and then in their medico-legal aspects because the vices inducing the mania are largely confined to the wealthy.

I recall one conspicuous case here where a gentleman about forty-five had gone the pace and left a very large fortune at the time of his death. A few years before he died he got into a perfect condition of mania after a more than usual indulgence. Several consultations occurred in this case and the greatest difficulty was experienced in restraining him within the precincts of a large, fine house which he occupied. He had to be surrounded with three male attendants and greatly to the horror of his friends, who were numerous, and members of the lead-

ing clubs, he was pronounced hopelessly insane. On close investigation it was found that he had urinary suppression lasting for a period of forty-eight hours at one time before this maniacal attack had seized him. Immediately all attention was turned to the relief of this symptom. All the diuretics then known were used in this case. The usual hot baths and treatment towards stimulating the functions of the skin were also put into practice and found to work very well, but it took fully six weeks before his mind cleared up. Meanwhile his wife, who was on a cruise around the world with some friends, arrived. At this time he made a will which was not very favorable to her. He died some years after, and this will became a subject of litigation. I saw him shortly after he became maniacal, and with a gentleman who recently died, attended him to the successful gaining of his mentality. In the courts here he was justly declared to be incompetent at the time he made his will but in another state, where the bulk of his estate was held, he was declared to be competent and so the unfortunate wife who had devoted her life to him was deprived of even a small portion

of his great property. In my testimony I held the view, and I hold it now, that he had not quite recovered from the insanity which had been developed in its highest form some time before. Reflecting on it from a purely scientific point of view I think his condition was that of an insane person whose intellect was weakened by a prior acute attack, and this very frequently happens.

This disease is also very frequently induced by severe mental shock and in this connection it is not at all infrequently accompanied by the sudden danger of death. During the war with Spain, which was in many ways quite unexpected, a great many youths who were utterly unfit for the hardships of warfare, became quite infatuated with the idea of volunteering in large numbers from this city. Many of them were sent to camps at a distance, some were ordered to Cuba, and some to the Philippine Islands.

Every now and then, in rapid succession the death of one of those youths would be heralded through the press. One devoted mother would get violent disturbance of the stomach and di-

gestion; another would get prostrated and jaundiced, and a third would get a seizure of maniacal disturbance. There were many differences of opinion as to what led to the mania. The question of pathology it is not my province to discuss just now, but the simple fact remains and it is very well worth remembering, that a severe shock of any kind may produce a maniacal seizure and this is frequently followed by death. Let me again recall what I have many times claimed, that a mental disturbance will produce physical alterations in our systems.

A police officer of middle age called on me one day. He was very well known for his excellence in athletic sports of every kind, and a man of unblemished character. He had a wife and three children. About a year before his visit to me he undertook to arrest some three or four criminals who were disturbing the neighborhood. They assailed him, beat him severely over the head with clubs and with his own pistol. After about a month in the hospital from the punishment to which he was subjected, he returned to duty and was as efficient

as any other officer in the city. In fact he had distinguished himself for efficiency. He lived in quite a good part of the city and informed me that he was greatly annoyed by his neighbors knocking on his walls at night, peering through his keyholes, jumping over his roof, and in every way trying to torment and degrade him. He told those things that go to make up a common chain of symptoms usually accompanying acute mania, and probably one of the most common chain of all symptoms connected with it. I wrote a note to the then chief of police, telling him that the man was insane and should be sent to a sanitarium or state hospital; that he was utterly unfit to be at large, especially as a police officer with the privilege of carrying fire arms. The chief of police though a very well-meaning and clever man in his way, not only did not follow my advice, but told the man the contents of my letter. A short time after, the man came to my office very indignantly censuring me for the opinion that I had written to the chief of police, but at the same time said he was not feeling very well; that he had changed his location and asked me

to prescribe for him. I did so, and after this second visit with the officer and an interview with the chief of police, I could not make him understand the necessity of placing this man in such a position that he could not be of any danger to the public. One of the police commission at the time was quite an intimate personal friend and patient of mine and I reported the whole matter to him. He at once took steps to have this man under proper care as far as he could, but the chief was persistent in his ideas, and so he was placed in charge of an outlying prison, where the holder has no necessity of carrying weapons. The patient acted quite efficiently for a little while, but suddenly before his hour of duty one morning he rushed down to the district prison and demanded of one of the assembled officers a gun in order to get rid of some tramps who lived next door to him and were annoying him to death. The men around at the time saw immediately that he was insane. After this exhibition at the prison the chief was convinced, the commissioners for insanity were notified and he was duly

placed in safe keeping, where the unfortunate now remains.

In the asylum with which I was connected we had several persons of title and rank. One lady of this class had been in the institution fully five years when I assumed the duties of superintendent. She was a strong, robust woman, past fifty. Her habits were very boisterous at times, and always untidy and unclean. The nurses in charge seemed to be unable to to keep her tidy and cleanly. I happened to get one head nurse who was very clever and well educated, and she took quite an interest in this particular patient. I did not know it for quite a long time, but she conversed a great deal with her and conveyed to her the idea that I was in love with her, and hence she must be always tidy and clean when my visits were expected. As I visited all parts of the house about twice a day she appeared to be very much elated over this fact, and so commenced to wear better clothes, look better and conduct herself more like one of her position would be expected to do. I noticed the change and made many inquiries of the head nurse regarding her, after which she informed me why the pa-

tient had looked so well and so changed. I advised her to follow it up carefully and in about four months she was able to leave the asylum and return to the beautiful place which she owned some fifty miles from Liverpool and not far from the ocean.

It is very rare that after five years any person afflicted with insanity recovers completely, and I think that except in rare instances the only form of it that does recover is the maniacal form where there are no epileptic seizures or delusions.

There are quite a large number of people who find their way to the asylums or sanitariums of the world without having any specially marked form of disease. The classification as nearly as can be made in such cases might be called Chronic Mania. The lady just referred to had no more defined insanity than the fact of a general confusion and unreasonableness of thought which was effectively treated. This Chronic Mania sometimes becomes a very curious, if not a very happy form of existence. In the disease which I have called General Paralysis as I point out, the predominant feature of it is supreme happiness. But like any ordinary mental

attitudes there are degrees of this running the whole scale from depression to the happiness spoken of.

I remember one clever, mischievous fellow, about fifty years old, who never ceased to be amusing either himself or those around him. He had none of the other symptoms of General Paralysis, nor had he anything to warrant being kept in an asylum, but the fact that he was eternally in some mischief, or another, like a schoolboy on a lark, doing nothing particularly wrong, but perfectly erratic and utterly unable to attend to business of any kind. Like all such people, he became a sort of torment to the attendants in his department, because he kept them on the *qui vive* all the time. There were two things he relished. He came from a certain town in England, and liked to be addressed as the Lord of that particular place. He did not get angry if this attention did not occur, like one suffering from delusion would, but he was more pleased if addressed as "My Lord——." The spirit of mischief seemed to be in him at all hours of the day and ran into the night. One day I was passing through one of the corridors, and I found him

with a big bunch of keys and he was marching, military fashion, up and down the corridor. I said, "Well, Lord B., (giving this title that he desired), what are you up to now, and what are those keys for?" "Well, Sir," he said, "I am just looking after poor old John Oates. He is in here, (pointing to one of the rooms in which he had confined the attendant), and I am afraid he will get out. Hence, I am keeping guard over the door." He did so effectively. On demanding the keys, he immediately returned them to me. In point of fact this attendant was a little careless and passed into the room while he left his keys in the door on the outside, and all the locks being spring locks, he locked himself in, and poor B., seeing the opportunity, held him there.

Showing the uncontrollable disposition to mischief on the part of this particular patient, not very long after this, sleeping with four others in one apartment, mostly subjects of dementia, by some means or another he unscrewed some bolts that were holding the bars of windows and led them all forth from the asylum by scaling quite a high wall. He had them thor-

oughly drilled and marched them during the night some fifteen miles to one of the suburbs of Liverpool, and then applied to the police station for some change of clothing for "these poor soldiers of his that were waiting at a certain point for him." We had scoured the neighborhood everywhere and telegraphed in every direction. We knew nothing of Lord B.'s whereabouts until we received a dispatch from the Liverpool police who detected that the patients were escaped lunatics only by the marking in their underwear. Lord B. returned with quite a vivacious account of his generalship and was immediately ready for another escapade, but he never had another opportunity.

There is another interesting phase of this disease, and that is the intermittent form. A celebrated case occurred here in which two judges were involved. One judge became insane and was placed in one of the neighboring institutions. He completely recovered in a very short time, and then through some legitimate proceeding in the local laws, and mutual agreement, he sold his place to another judge. Later, he had a second attack of

mania and recovered from it, and after the second attack he sought to get his place back from the judge to whom he had sold it on the ground that he was insane at the time of the transaction of the business. He was in court during the trial of this matter, apparently perfectly well. I was a witness, and I held that the gentleman may be insane at one time and perfectly sane at another, and if he transacted the business with judge No. 2 at the period of his being sane, there was no justification for seeking to abolish the obligation. The judge took this view and the post was retained by judge No. 2, and not very long after judge No. 1 had to be placed again under restraint.

This particular case led to a great deal of confusion, because one gentleman who was at the time superintendent of a local asylum, testified that there was no form of insanity that intermitted, which is to say the least, was a very startling statement in view of the ordinary observations of superintendents of asylums as well as ordinary mortals. People in ordinary life who have had the misfortune to have insane kin have always observed those periods.

CHAPTER 4

The next in order in my classification is Dementia. This term is very much abused and is frequently misleading. The meaning of the word is simply an absence of mind, and therefore “*amentia*” as well as “*dementia*” might be used. But it assumes perfectly ridiculous, meaningless proportions from the manner in which the term is travestied in public literature and in courts of law.

In a celebrated case which lately occurred in this country, the term “*Dementia Praecox*” was bandied around very freely, because a young gentleman, supposedly of great wealth perpetrated murder in a public place. I think it was in this trial that medical terms were strained to the utmost to hide perfidy or ignorance, or both. The term *Dementia Praecox*, taking it literally, has no meaning whatever. It might be twisted, perhaps, to refer possibly to any form of insanity that should

happen to come at a period of immaturity in either man or woman. If insanity should at all occur at this time, it would be very unlike Dementia, it would be most likely of another kind for the reason that Dementia is very like Melancholia and Melancholia is not by any means the characteristic form of insanity that occurs at this period of life. To describe Dementia as we see it and are able to segregate it from the other forms of insanity, is very difficult, and one of my medical associates one time, I think best described it by comparing the sufferer to a good-natured cabbage.

The individual thus afflicted may be placed on a form in the yard of an asylum, for instance, and will sit all day long without scarcely a move from the position in which he was placed. I have ordered patients at ten o'clock in the morning to be seated along in long forms sitting quite close to each other, and at twelve would investigate the patients again, and there was not the slightest disturbance of either seats or individuals. You would naturally think that it would be almost impossible for any person to be placed on a straight back chair with sunny ex-

posure for two hours and remain in the same position, but in true Dementia they will. They would not hold any conversation with each other, never complain of any strained position, and even though food may never be asked for, yet they would absolutely feed like voracious animals if food was tendered to them at that time. They are generally very emaciated, and it is very astonishing to me how they remain so even with the best food liberally supplied, and more or less complete quiescence. They look brooding and despondent. I once wrote to the London Lancet inquiring as to the reason of that condition. How it was that the persons so suffering from this form of insanity, perfectly undisturbed by every form of physical labor, and no mental effort of any kind, and no physical disease of any exhausting character could consume so much food and not accumulate any flesh. The question was approached and answered from different points of view but neither one of them was in any way satisfactory.

In this form of disease if the patient has any of those troubles of the nerves, such as arises from an insect perching

upon him, or any other condition engendering a requirement of scratching, they never appear to manifest it. So you can understand readily my friend's illustration of a good-natured cabbage is not very far afield.

As far as the medico-legal aspect of this form of insanity is concerned, any person can see it without any technical training whatever. It is rarely, if ever, simulated, and I doubt if any normal person could simulate it with success.

The difference between this condition and melancholia is very slight, except in one respect. There is never in this any complaint, there is no wrong or grievance to be redressed. There is no demand upon the superintendent of attendants of those around to do certain things. There is no tendency to suicide. The patient is a perfect automaton as far as all appearances go. *Dementia Praecox* is an utterly unwarrantable term, and should be obliterated from medical literature. Later on I shall have to deal with another term, which should be obliterated, and that is *Paranoia*, which has become a very pronounced term in this same class of cases I have already alluded to.

There is one thing, however, that must never be forgotten in relation to this disease, as in every other form of insanity, viz: that the individual is at no time safe to himself or others. While the aspect and the demeanor of the patient is very liable to remove all apprehension as regards any tendency to violence, it must be considered a negligible consideration. It will occur and quite suddenly. It is in cases of this nature that the trouble of which we hear so much in courts of law, called emotional insanity, is most apt to occur. When all is calm and serene for a period of weeks or even months, suddenly something strikes the imagination of the patient and unexpected violence ensues, but very rarely suicide. One who is apparently very feeble and emaciated suddenly acquires an amount of muscular vigor and force that surpasses all calculation. I have seen one patient, a young man, look so sad and quiet, and meek for a long time sitting in the yard among other patients, that you could not possibly suspect any violence from such a source, but suddenly one day he got boisterous and excited without any cause, had to be immediately shut up in

a solitary cell. Our cells are apparently very well formed, perfectly smooth surface of wood on the inside, so constructed that patients could not injure themselves. Without any implement whatever he managed to separate those pieces of wood from one another, after which he made wedges and drove these wedges into the wall and so made a ladder to escape through the skylight fourteen feet from the ground. Thus he ascended to the roof; he had no clothing and was observed in one of the yards in a perfectly nude condition. He immediately scaled over other walls that appeared to be impossible to climb and got out of the asylum. Through the grounds three attendants pursued him and though men of fine physique, they had great difficulty in overhauling him and capturing him. He assailed all three. They were, of course, obliged by law not to inflict any punishment on him, but after great difficulty they bound him and about a mile from the asylum grounds they put some clothes on him and brought him back. There was no doubt at all that if he had had anything wherewith to inflict punishment he would have done all the bodily

harm he could to any person whom he confronted.

A lady suffering from the same malady became very docile and tractable as far as her mentality would reach, and when placed in any work not accompanied with any danger or effort she would do it just like a piece of machinery. She seemed to be more contented with washing at the laundry wash tubs than in anything else, and she would stay at this for hours without any apparent fatigue. One day the attendant told her that she had 'other work for her to do, but did not mention of what nature. She suddenly sprang upon her and the nurse had the utmost difficulty in protecting herself against her.

It is among these that this pestilence of the law courts called "emotional insanity" most commonly is developed but scarcely ever exists without some form of insanity prior to it except at the start of acute mania.

CHAPTER 5

I introduce the subject of Melancholia next because it is closely allied to Dementia except in one way, that it is a never ceasing complaint, a never ending wail, of some thing or another. The patient finds all sorts of trouble in his or her personality or in the surroundings. There is great difficulty to retain attendants whose duties lie in wards devoted to patients suffering from Melancholia. Their woes and troubles irritate the attendants and their very aspect disturbs them. Very naturally sad scenes, sad complaints, and sad faces prolonged for a given period of time and in close connection with us would disturb anybody and asylum attendants are not superhuman. If you ask the average individual suffering from this disease why their demeanor and expression are so gloomy, probably nine times out of ten they will not be able to give you any tangible cause, but occasionally it is otherwise,

and some of it is very appalling. The idea of having committed an unpardonable sin is very predominant. They always have done something which cannot be redressed.

I knew one, a woman, who actually believed that she was already a damned spirit, which she carried out by a terrible wail occasionally which compelled the attendants to place her at some distance from other patients, in a quiet cell by herself. This woman from all accounts of her previous history had really led a noble sort of life. She had in her district been a sort of "lady bountiful" who did all the benevolent acts that generally come within the scope of the average lady of wealth. Pointing these facts out to her and dwelling on them as promising a hopeful and better future were utterly vain. She had when I knew her, been already three years in the asylum and remained after my connection with it ceased. Pitiful cases of this nature are of course very numerous in asylums, but outside they are not at all uncommon and very often are set down as Neurasthenia or Hypothelasia, which stage they have passed. From what I have seen I believe that Hypothel-

esia is the first step towards Melancholia, and if we get the patient in the stage of Neurasthenia it generally becomes quite hopeful, whereas in Melancholia it is necessarily quite a sad prospect. One thing about the Melancholic has to be very carefully guarded against and that is suicide. In this disease there is more proneness in this direction than in any other form of insanity. Not only does the suicide feeling frequently express itself but it assumes a cunning and activity that seems quite incredible. Very many times a patient suffering from this condition assumes an air of cheerfulness and happiness to deceive those around. They do things just like other people would do it with care and ability and thereby acquire the confidence of their guardians, but meanwhile watching carefully the opportunity to commit suicide.

The attendants as a rule do not recognize these facts and so get lax. Instructions are neglected, attendants are thrown off their guard by the deceitful conduct of the patient and in consequence the unexpected trouble occurs before the attendants know it. I have in mind some of those cases which are very instructive.

A gentleman of mature years, member of a wealthy family had been an active man of business before entering the asylum and coming under our care. He first spoke freely of his desire to "shuffle off this mortal coil" as he expressed it. After a while, seeing that this was forbidden, and prevented pretty well in our institution, he resorted to all sorts of subterfuges to get into dangerous positions. For instance, he would request to be put up at some altitude for the purpose of decorating some place, perhaps. He would request to be sent out to do some errand, and would keep writing very cheerful letters to his family as to how he was getting along, and how well pleased he was with his surroundings. In the midst of this I found him one day in his bed very nearly strangled by a large neck-tie which he wore, and which he had tied so tightly around his neck with his own strength that he almost accomplished his end. At times he would stop me in the corridor and beg of me to substitute him for some notorious criminal who was about to be executed. He had access to the papers, as all those who cared to read had them, (in the reading room and

the library), and he would notice in some paragraph that there was some individual who was going to be executed some time after, and he would plead to get the government and the authorities to substitute him for this criminal. It appears he had tried these same tactics with his own family before he came into the institution, but he had concealed from us very well all his inclinations after he was with us. The curious thing about it is that he was not only desirous of committing suicide, but absolutely bent upon it, and would fabricate ingenious lies in order to get an opportunity of doing so.

In the case of ladies the tendency is yet stronger in-as-much as their emotions are higher and greater than the emotions of the male sex. One of our patients who had been for quite a long time very civilized and genteel in her demeanor, though known to have a suicidal tendency, was brought without my knowledge to one of our monthly balls. Many of the patients went to these balls and were as well behaved and proper in demeanor as ladies of the highest class usually are. The matron thought that this patient had some very fine raiment for the sur-

roundings, and other qualifications and therefore that she should be there on this occasion. Among about one hundred and fifty people I did not observe her, but from all I understood she had not demonstrated any unpleasant symptoms of any kind during the evening. After the ball she was found to be absent, and the next morning her body was found with all her finery in a little pond of three or four feet in depth at most, about half a mile from the house. When at the ball she requested one of the female attendants, it appears, to allow her to go to the kitchen-department to get a little water. She cajoled this attendant into unlocking one of the rear doors and letting her get out and in a very short time she accomplished her purpose ingeniously.

CHAPTER 6

Whilst acting as superintendent of the asylum I had under my care a very interesting young lad who was very musical and picked up music very quickly, and could play on at least three different musical instruments very well. He was obliged to be removed from his home because his habits were bad, and therefore, could not be tolerated. He was duly committed because he was also excessively mischievous, would tear things and act in a very destructive way. When under judicious restraint he appeared to be improving and able to control his habits, and he did ultimately recover. One day, when he was at the institution for about six months, a very handsome, comely lady and gentleman, of the same type called to see him. They were his father and mother, and spent a portion of the day around my quarters, in the garden and the grounds. The gentleman seemed to be very desirous of investigating very minutely all

our surroundings. He appeared very shrewd in his efforts. I noticed him totter in gait and also halt in his movements. He was a prominent cotton broker and one of three brothers who did a very large business. I had no right to interrogate his wife about him, and therefore desisted, though I had a very strong suspicion that he was commencing with general paralysis. Not more than three months after, when the boy was about to be sent home, the wife came to the asylum by herself and sought my advice relative to her husband. She told me many things that indicated very clearly that he was gradually getting into the condition of which I had suspicion. Not more than two months after this, at the cotton exchange, he displayed complete absence of self-respect and some violence, which brought him under the customary medical examination, and he became a patient of ours. It would be rather difficult to see a man of finer proportions, about fifty-five years old, and consummately educated. His manners were very polished, but occasionally he would take a sudden fit of violence that was very difficult to subdue. Tremor of the muscles,

those of speech and gait, were the first indications here. Defect of the arms does not seem to be so pronounced and the conduct is generally of the happiest kind. It is said, and I believe truly, of those suffering from this form of insanity, that they are the happiest mortals on earth. It is the very antithesis of melancholia in that respect. They generally have already accomplished great things in their own imaginations, and expect to accomplish still greater. Their appetites for food are usually very ungovernable. They have not apparently perfect co-ordination over their deglutition and a very common symptom of their disease is a perpetual dribble from the mouth. Death usually comes by way of an apoplectic seizure. It so happened in this gentleman's case, but some time after he was committed.

A medical student, a friend of mine who pursued his studies in Paris, but visited me every summer by the seaside, some years after graduating became insane. I did not know anything of the nature of his insanity, but on the occasion of one of my visits to Europe I made it a point to call to see him. Up to that

time I had not seen him for about ten years. He was already two years an inmate of this institution, and when he was introduced into the reception room where I was sitting he at once recognized me, calling me by name, was glad to see me in his beautiful place. The institution was situated on a river bank, beautifully wooded and surrounded by woodlands that were remarkably picturesque and well kept. In the course of conversation he recalled many incidents that happened to us as boys in two or three parts of Europe, and remembered quite as distinctly as I did everything connected with them, even to the most minute details. I was greatly interested in his well being, and of course asked as to his feeling about things in general. I recognized in his case the disease of which I am speaking very plainly, and was not unprepared when he told me that his condition was superb (he was a large, fine, well-formed man), and that he was the happiest creature on the face of the earth. "All the surrounding country which you see," he said, "is mine. I dominate it all; I dominate several large banks of the country, and what you will be most astonished at,

I dominate the Pope of Rome. He dares not do anything without my permission. As to the government of this country (alluding to the government of the British Islands), all their factors are simply my pawns, and when you see a change of ministry (I don't publish it to the world), you may rest assured that I am the one manipulating it. There are some times when I feel like declaring war on some of the European potentates, and especially on this French republic which I cordially detest. If you, now, say so, and you think I am justified in it, I will hammer at them tomorrow. As to your country (alluding to the United States), I have no grievance. I am perfectly satisfied with their conduct of affairs, but they must be careful and not follow into the misgovernment of these old institutions of Europe."

In very good humor I begged of him not to declare war on any country until I got safely out of this. He promised accordingly, and added, "If you have any trouble or any misgiving about those things, just come in here and we'll look after you carefully." I never met any person who was apparently more happy

or more self-satisfied, and it is a very common concomitant of this form of disease. Though he had been in the institution two years, he showed no signs of physical defect, except in those particulars already referred to in the case of the gentleman just mentioned previously who was under my personal care. Just to test him in one particular which is a favorite method of mine to arrive at conclusions about such cases, I asked him what the day of the week was then, and though he had read the papers that morning, he did not know; he mentioned the wrong day; and this thoroughly simple interrogation is usually a very valuable one in this class of cases. The memory of past things seems to be as clear to them as to the average person, but the memory of recent events is usually to them a perfect blank. In view of the physiological action of the brain this is a very remarkable and incomprehensible fact and one leading almost invariably to great confusion among the uninitiated.

A gentleman of past middle life whom you know for a long time tottering a little in gait and speaking with more or less impediment, stops you on the street and

asks you very kindly how you are, and inquires how some member of your family is whom he has known and who is dead possibly some years; and then rambles off to tell you something of his own affairs, part or whole of which may be correct but utterly unconnected with his previous conversation, and in this you have a good type of general paralysis of the insane, or what is now called Paresis. I prefer the former term because in its latter stages the insanity is the more pronounced.

Not very long ago a gentleman of this kind, well educated and connected with a very good family, a very polished man of affairs and the head of a large mercantile firm, in somewhat this fashion approached me. I recognized the trouble and was very sorry to see it. One of his family with whom I was quite familiar I met a few days after and asked her if she were interested in the firm of which her brother was president. She replied that she was. I told her then, and apologized for introducing the subject, but knowing them all so well I concluded it was my duty to point out to her that her brother was not mentally correct and that it was worth her while to ascertain how his busi-

ness was conducted. Without a moment's hesitation she replied that he had been doing rather odd things of late in connection with the business and that he had signed receipts which they found were not correct. Shortly after he was discovered to have been duped in various ways, was fleeced by some adventurous woman with whom he had no sex relations, and it was not very long until a guardianship was appointed.

This is a good example of the manner in which this disease passes along before the eyes of friends and relatives without observation.

Some time ago a gentleman, past sixty, who occupied a very prominent political position in the nation, got an unusual and unexpected fit of ill-temper one day after which I was called to see him. After a careful examination I concluded that he was suffering from the disease to which I now refer. His public duties called him to Washington. I advised against his return to Washington, but my instructions were not heeded and he very soon demonstrated in Washington a flagrant lack of memory in debates, and consequently those interested had him resign from his

political position and brought him home. Among his other local industries he had been president of a bank which had failed during his absence in Washington. He was a perfectly honorable man, but as the only one of the bank directors and trustees who possessed a goodly share of the world's goods, he was immediately the butt for very aggressive litigation, and many and potent assaults on his private purse. He attended apparently to his business daily; went to resorts in the country where people assemble and did all the other things that a man of his class and kind usually does. He had quite a number of prominent friends, some judges and other men of affairs. His disease went on progressively, but apparently unnoticed by those people around him. On one occasion he was subpoenaed, and I appeared in court and testified that he was utterly unfit to appear in court to testify about any transaction of any kind. At this time he lived on one of the principal streets and when he got out of the carriage or other conveyance not far from his home, he would frequently walk in the very opposite direction from his house. At this particular period and

before the time of the trial, he was at a fashionable resort, Del Monte, in Monterey. A number of lawyers and judges who were very much interested in this money transaction visited him quite frequently at this place where he was staying with his family. When I testified in court that he was unfit to appear and give any testimony, the statement was immediately refuted by a number of the higher lights of the legal profession, all of whom testified that they had seen him a day or two before and that they had never known him as bright mentally as he was on the occasion of their visit.

I assured the judge that these gentlemen were mistaken and that if he happened to be anywhere within reach I could demonstrate to them in a few minutes that his mentality was entirely gone. My opinion was ignored, and the gentleman was brought into court a day or two after. As I entered the door of the court room he was testifying to some transaction. A former district attorney, a very able, honest, fearless man, upbraided me with allowing him to come to court, as he knew that I had attended him. I said, "I am not responsible for it,

I tried to prevent it." He then said quite excitedly in court, "It is a perfect outrage that a man like this, who has been such a valuable public servant, should be brought here into this court to be made an exhibit of, that the public should see the decadence of his mind. Here he is," he said, "testifying to important facts, and he does not know the back of a certificate from the front." Which was the fact.

According to my observation, this form of insanity is much more common among men than among women and some of the older writers ascribe it largely to sexual excesses. This contention, in my opinion, has very little merit, and as a matter of fact, all those who came under my notice were people of rather strict and proper habits and it is not a flagrantly common form of disease among that class that might be called professional libertines, whilst they have undoubtedly more than the average of other forms of insanity. Syphilis unmistakably figures conspicuously in its history, and though it is claimed by some prominent authors as the exclusive cause, I cannot agree with this view either. Women are not quite as

numerously afflicted with syphilis as men apparently, (but of course they are not immune against its ravages), yet it will be quite evident to investigators that general paralysis is rare among them.

A married lady with three interesting children, a very fine, healthy type of young matron, consults me one day in relation to a little gastric disturbance. Usually such people are very repressed and disposed to look at the gloomy side of all questions, but this lady was quite the contrary. She was quite exalted and jubilant, and minimized her troubles, stating that she consulted me principally because her husband wanted her to do so. I knew her as a young girl; she came from very humble people, bore an excellent reputation, and to my mind amply deserved it. She had much toilsome effort in life with a young family and restricted income, and she demeaned herself with consummate credit.

A few years before this consultation she was the victim of a carriage accident in the country. The high trap in which she and some of her friends were riding rolled over the side of a precipice and all were injured. She had at that time a

broken arm, bruises and other injuries around the chest, (but none apparently around the head), from which she recovered seemingly, quite quickly and well.

When talking to me on this occasion about her condition, I noticed that she had a slight stammering of the speech which was not her wonted conduct. On noticing this I examined her as to locomotion, and not a little to my surprise her locomotion was quite impaired. I then led her into a conversation about her present social position and delicately referred to her past, and was not surprised to find that while she remembered everything of her remote past quite clearly, her memory was rather obscure about very recent happenings. She immediately launched out into a most exaggerated high-flown statement of her surroundings, which I had some occasion to know were false, especially with regard to her husband's and her own enormous expectation. I noted very carefully that in relation to most things just then happening she adhered absolutely to the truth, but her grandiloquence with regard to her own importance and her past power coupled with her staggering expression

made me at once recognize that I had to deal with the commencement of the saddening condition of "general paralysis." I accordingly informed her husband of my suspicion and told him that he must be prepared for some trouble at any time. He was a very prudent, sensible man; he watched things very closely as he was advised to do, but not long after this his wife's mentality suddenly gave away in the shape of an ebullition of violence to her children. Matters then rapidly developed and very shortly afterwards she had to be sent to a sanitarium where she now has been for several years.

This no doubt resulted from a concussion of the brain at the time of the accident, but was not observed until some years afterward. I allude to it because general paralysis of the insane is rarely acquired in this way, though unquestionably sometimes its origin is attributable to this cause alone.

CHAPTER VII.

Of all the forms of insanity that is least suspected or least recognized by the surrounding public or by friends, and is most quickly recognized by the expert, is the disease which I classify by itself as Delusional Insanity. It is a most remarkable fact in connection with our human economy that one can be perfectly sane and capable of transacting any business, social, financial, and even international, follow any calling efficiently, and yet be the victim of Delusional Insanity. The interminable category, the multifarious forms in this incomprehensible malady which are observed from time to time, seem perfectly incredible to the average person, and hence the eternal contests in relation to it. The delusions are not only commensurate with the heights and divergencies of the sane human imagination, but far transcend it, and there is no form of insanity, in any classification that is made, at all equal to this form in its so-

cial importance and in its medico-legal aspects. It would be difficult, if not impossible, for the most brilliant fiction writer to soar to the ideas that occur to those in delusions. The works on insanity, though referring amply to this subject, get somewhat confusing in not pointing out more distinctly the simple, absolute facts. Hallucination, illusion and delusion are blended too indiscriminately, and leave a very imperfect idea of this trouble. Hallucination is a condition that frequently occurs to people in perfect mental health, and though it might now and then be turned into ghosts of one kind or another, it is usually corrected by the same mind that begets it in a very short time. Illusion is a little more tardy in being dispelled, yet the individual suffering therefrom soon shakes it off if properly surrounded and directed. Delusion is an entirely different condition and no kind of effort on the part of the most excellent talent around the patient will have any weight whatever in relation to it as a general thing.

I just spoke of the imagination of fiction writers being put completely into the shade by the delusions of a poor lunatic

who has not probably much intellectual development otherwise. Certain conditions arise and become prevalent like epidemics from time to time that make many different persons all work on that particular hobby of the day. For example, the squaring of the circle, and perpetual motion in years past claimed an interminable number of this class. I had at one time under care half a dozen gentlemen who claimed they discovered perpetual motion and about an equal number of those who squared the circle. Neither of them were profound mathematicians or even above the average of common school education, but their days and nights were passionately spent in the pursuit of those two impossible theorems. They usually had long since discovered it, and it was a settled problem in their minds.

It would be very difficult for a sane imagination to think or grasp the idea that any individual himself had "become a gutta percha machine," nothing less, "through which the government of Britain was doing all its thinking." A gentleman under my care, a graduate of Cambridge, educated for the ministry in the Episcopal Church, and the nephew of one

of its most distinguished professors in Cambridge, insisted for years that he was that gutta percha machine, and resented bitterly the use being made of him. He was, of course, as all the men of his calling are, highly educated in logic and metaphysics. Go with him into a corner, which he was very fond of frequenting, and admit his first premises, and he had you in a corner as regards the correctness of his position.

Once in a while a visitor who, from appearances he thought, might be of some use to him in relieving him of the onus of being thus treated as a portion of machinery, he would slyly take into the grounds, sit under a tree, argue with him on this problem, and then laugh at the credulity of the visitor. This gentleman could not be kept at home because of his violence when opposed in regard to this delusion of his. Whilst under proper guardianship he never made the slightest attempt to do any violence to anybody and regarded his stay in an asylum as a part of the petty persecutions of the government.

Early in my asylum life, so to speak, a tall, comely looking gentleman of the

highest Spanish type, (though entirely English), with long flowing beard, courteous and refined manners and bearing, came up to me one morning and asked me how long I was in. I told him the exact time and he expressed great sympathy for me, because he had been here now two years, but it did not concern him because he had a special mission to subserve, and part of the program was his incarceration in an asylum for five years. I looked over his record and I found that he believed himself, and was posing as a great reformer who wanted to bring about the most important world results. Though not bred a Catholic, he was about to blend all religions into one great whole with the Catholic Church at its head; he was about to transform all the languages into the English tongue, and bring all the nations of the world into one consolidation of government with himself at the head.

This patient became to me an interesting study. In all those affairs of life that were before the public, he had as much discrimination and more information than the average gentleman at large. In consequence of his demeanor, he was allowed to travel around the countryside

without an attendant. He strictly kept his word about time or location, and nothing apparently happened whilst he was outside as far as could be ascertained. Not far from the asylum, about a mile and a half, was a Catholic Church in the grounds of one of the Catholic nobles of the country. The priest of this church was an unusually clever, sensible man. He had been long associated with this particular asylum and its works and pointed out to me several of the locations where the incidents in Charles Reade's "Very Hard Cash" occurred. In consequence, he in a large measure, and through an intimate acquaintance with Lord Derby was instrumental in changing for the better all the previous lunacy laws of Britain. He was very popular in the adjoining town and was quite popular with all the wealthy residents for miles around. He was a man of unusually calm, unperturbed demeanor, and from long association knew the habits and peculiarities of lunatics very well. He called to see me one afternoon and told me that I must curtail the privileges of the patient just referred to. As he was known to be a very benevolent man I was rather

surprised at this sudden request of his. He laughingly told me that he had a visit from this particular patient the evening before last, at his church. That he found him sitting in his confessional and asked him why he was there. The patient immediately and preemptorily ordered him to kneel down and confess to him as he must know that he was a great bishop, not only of that district, but the leading bishop of Great Britain. The priest, with consummate presence of mind, begged to be excused for a little while, retreated from his location, told the patient to remain where he was for a little while, as he had some slight preparations to make before entering the confessional. Meanwhile he sent a messenger to our institution and two of the attendants were sent over to bring the patient back to the house. This action on the part of the patient was not wholly free from danger. He was a big, powerful man, but the priest was an ascetic student and the consequences might have been disastrous if he had resisted in a commonplace way. The patient never referred to this episode, and after that went on in the usual way

minus the privilege of going out by himself.

One day at dinner, a gentleman who had been a commissioned officer in the army sat opposite this particular patient. The officer was suddenly seized with some grievance, imaginary of course, and referred to me about the matter just as I was seated at dinner. I addressed him as Captain, and he immediately proceeded to inform me that he had never been a captain in Her Majesty's Service, never had risen higher than the grade of first lieutenant. The patient to whom I refer, seated across the table from him, turned to me and said, "Doctor, he is not a captain, nor yet a major in Her Majesty's Service, but he might well be considered a brigadier-general of the light-fingered brigade." It appears that in their card parties this particular "general" was in the habit of cribbing the pennies off the table when the others were not watching.

This will give some slight idea of the wonderful scope of the intellect and the little disturbance of individuals except in one perverted direction.

This "brigadier-general" alluded to, had also the privilege of taking walks

whither he desired, and he scarcely ever missed being very punctual as regarded his movements and the time that he was at certain points. He was very likely much more punctual than he had ever been in his life except when in the army. He looked exceedingly like the pictures of Don Quixote in Gustave Dore's illustrations of that work, so much so that I thought Gustave Dore must have seen him, and the curious fact of it is that his delusions were exceedingly like those of Don Quixote. If he walked out, and saw a most commonplace little pig, it was always the largest and most wonderful pig that had ever been seen. Any poor little hardworking factory girl that passed along the highway was the most beautiful woman on earth, especially if she spoke to him or recognized him,—and all other things of a similar nature were in this proportion. He had never done anything approaching violence in his life from the record before us, and he very likely would not in the balance of it, but his family, of course, thought that it was better he should be under care where anything of that kind was impossible for him.

On one occasion a medical friend of

mine from London paid me a visit. He had acquired great prominence already for one of his age, and was very much interested in everything pertaining to his profession. On dining with me one evening he noticed the demeanor of this gentleman of Spanish appearance,—he was a very striking personality anywhere,—and he asked me if I could not bring him to my quarters; he would like very much to have a talk with him, etc., etc. That evening, after dinner, he came to my quarters by my request and spent the evening with us pleasantly for about two hours. The conversation ran along in relation to the current topics of the day and on things that interested everybody, in which, as I intimated, the patient was very well informed. After he left for his own department, my visiting friend turned to me and said, “Do you mean to tell me that man is mad?” I said, “Yes, unfortunately he is quite insane, and would be a dangerous lunatic if not under supervision.” “Well,” he said, “I don’t want to hurt your feelings, Buckley, but if that fellow is mad you are immeasurably beyond him.” I said, “I am sorry, but we never see ourselves as others us.”

However, I did not give him very much information further; we turned the conversation on other subjects; but next day I asked my guest if he would not like to take a stroll around the grounds and gardens while I was occupied with something touching our institution, and suggested that he would probably like this gentleman patient as a companion. So they went off together; the patient knew all the territory very well; and they spent all the forenoon together. When my guest came back at the lunch hour, I said, "Well, Dr.——, how did you spend the day?" "Oh," he said, "my heavens! You frightened the life out of me today by sending me around with a lunatic like that." He added, 'he is the maddest man I ever dreamt of.' Evidently the patient had been expounding some of his ideas to my learned friend from London, and frightened him very likely more than the circumstances would warrant. However, he was convinced that delusional insanity was a pronounced disease and then expressed his regret that he had not paid some attention to this branch of medicine.

Through the temporary illness of one of our patients I discovered that we had

among us a gentleman who was holding a learned discussion with no less a person than Prof. Airy, the Astronomer Royal at the time. This gentleman, passed sixty, had the post assigned to him of going to the neighboring town twice a day to attend to the post office department for the purpose of receiving and delivering letters for the institution. He did this as punctually and faithfully as anybody could do, and in this way he was able to carry on the correspondence referred to. All our letters coming in to patients, and going out from them had to pass through official hands, but this scrutiny was of course easily evaded by our postmaster. Our paper heading did not bear any trace of asylum association, it was simply headed "Haddock Lodge" and hence Prof. Airy thought he had to deal with a country gentleman living there who was well versed in mathematics and astronomy. This patient was one of those that "had squared the circle," and one day I dropped into his room when he was sick and made no reference to the squaring of the circle, but he suddenly jumped out of bed, went to a bureau, and pulled out a little box and confided to me how he

had managed to accomplish the result that he claimed. This box contained a very remarkable toy, as I should call it. He had tied up pieces of paste board so that by pulling one set of strings he displayed a perfect square. By another he would make an octagon and by a third he would make to all intents and purposes a perfect ball. On the outside of this ball he had figures of the Sun, Moon, and Stars, and always wound up his remarks by saying, "Well, you can see now the glory of the Heavens." He was perfectly contented with his achievements and I did not disturb him in it.

Apart from this he was an exemplary patient, stayed a great deal in his room and read light literature and discussed it as intelligently as anybody. If, however, any of his family, when he was home, or any of the attendants in the institution, disputed the fact that he had not accomplished all that he claimed in relation to squaring the circle, he would not become very amiable with them. These delusions at that time were quite prevalent, and did not escape the attention of a class intellectually much below this man, and it was a very amusing fact

that he, and the gentleman to whom I shall now allude, recognized very distinctly the mental defects of one of the other.

Mr. J., as we will call him, very sympathetically referred to the unfortunate insanity of Dr. H. This gentleman was a well-known writer on deep philosophical subjects. He was a remarkably gifted man, I understood that he was at one time President of the Anthropological Society, and though a clergyman of the Church of England, devoted a great deal of thought to these and kindred subjects. It appeared that he and his favorite daughter were walking along by the riverside in the North of Lancashire where his parish was. The river was swollen to the bank,—it was winter time,—and before his eyes, almost by his side, his daughter slipped and was carried into the eddy of the river and drowned. It was a great shock to him; he took the matter very much to heart, and became so ungovernable that he would neither eat nor drink. He was brought under our care a very few days after, and had to be fed three times a day by a tube. He did not appear to have any viciousness in his

makeup, and so was allowed freedom of certain enclosed parts. One noontide,—he was in the house not more than two weeks—I met him in the grounds and we entered into a social chat. That morning like all others preceding he had to be fed in the way alluded to. In our conversation he remarked to me “Doctor, don’t you think that in order to regain mental health one must have mental exercise?” I said, “decidedly, and you see we cultivate that as much as possible. We have all kinds of games, we have a fairly good library, we have billiards and music and all those things that apply to mental exercise which is not too severe.” “Yes,” he said, “but different people require different mental exercise.” I assented, and then he told me that the only thing that exercised his mentality was preaching. This was quite a surprise to me, and I told him that I feared we could not indulge that proclivity of his in our institution. Thinking it over, however, in the afternoon, I approached the chaplain who had just come in (it happened to be Saturday) and asked him whether he could allow Dr. H. to preach at his afternoon services the day after. The parson knew

the patient very well but looked very suspiciously at me and I could see from his manner that he had a very serious apprehension that one of the germs floating around had made assault on me. There and then I propounded to him my plan and he, with becoming prudence, immediately urged, "What about order?" I said, "As far as the order is concerned you can trust that to me." And he replied, "Very well." The services were at two o'clock the day following, so I hastened to see the patient and told him that he would have the privilege of preaching at two o'clock as he requested. "But," I said, "remember that we have many sects, and that you are not to hurt the feelings of any of those who differ from your doctrines and ideas." He said "Very well," nothing more. He had no extensive library dealing with those subjects he had selected, and he had very little time, but on the following day at two o'clock when it became his time to preach he preached on the remarkable "Universality of the Doctrine that there was a Deity." A belief coeval with humanity as to the existence of God. It was the most remarkable and beautiful discourse I ever listened to

on this subject. He was a master of Sanscrit, Hebrew, Greek, and Latin, and I was amazed at the facility with which he quoted from all the ancient classics, the Pagan and Jewish writers, proving his theory. The Chaplain was no less astonished than I was; he also proclaimed the discourse wonderful; and we were both deeply impressed by the fine, well-stored, well balanced intellect of this gentleman. Yet that very morning he had to be fed by a tube as usual. The stimulus of the preaching effort seemed to have the effect he anticipated. The people who were seeking to poison him vanished. He commenced taking nourishment in very small portions and in about one month he became his normal self and I never heard of any recurrence of the attack.

A Manchester merchant of some sixty years old endeavored to kill all his family one night and was sent to our institution. He had at this time returned from America where he previously had served in the commissary department of the Civil War during the whole period of the Civil War. Before going to America he had escaped from a Manchester institution and borrowed money from an old employee of his

at Liverpool and went across as a steerage passenger. This man seemed to me in every way to be an unfit subject for our institution. In consequence I met him frequently and talked quite freely with him. He never alluded to his being in America and avoided carefully any allusion to a prior asylum experience. Having in our book the whole previous history I interrogated him on those lines but he always avoided the subject very cunningly and insisted that there 'was no foundation for these stories. In conversation with him no person would take him to be other than a sensible, sane man of the world who was quite capable of taking care of himself and probably able to attend to any ordinary business that he understood. He was always well dressed, very neat, and well groomed as though he were going on change every day. I studied this man for fully three months before I could find out any weak spot in his mental makeup. But on some casual mention one day of Lord Derby's name, he seemed to get quite excited and angry but soon dropped the subject.

Fully six months after this we had an unexpected visit, as usual, from the Com-

missioners of Insanity of England, for the purpose of examination. These gentlemen always dropped in at irregular times to all the asylums in the country and made their own investigations about all the details of the house. The commission was composed of two medical men who had been selected for their eminence in this branch of medicine, and also one lawyer who made those diseases a study. In passing through one of the apartments this gentleman to whom I refer politely asked the commissioners if he might not have a word with them privately. I retired and the interview went on. After their rounds, and on their retiring to another part of the house, where the offices were located, they told me that they wanted this man up before them. They said, "he makes charges that are very serious, and we want them investigated thoroughly," and added, "the charges are mostly against you." This man and I had been on walks together, were very agreeable, apparently, to each other, and I was not a little surprised at this attitude of his. They had a record of his history before them and before I had time to explain anything they had peremptorily ordered his dis-

missal from the institution. I did not know this until afterwards. When I confronted him in the office rooms where these gentleman held their meeting, he was asked to repeat in my presence the charges he had made. He demurred at doing so, he did not like to incriminate me in any way, therefore peremptorily declined. Dr. Buckmill, the well-known authority on lunacy was one of the commissioners, and he insisted that he must repeat the charges in my presence. They appeared to be quite connected, and dates and periods were carefully noted. They chiefly referred to my coming to his department of the building, (he had very fine quarters) at night with other people and annoying him and disturbing him in his sleep. I quietly asked him to tell the commissioners the name of one of those parties, and whether he belonged to the house or not. He stated that they did not belong to the house but he knew who they were. I then said to him, "I think you have placed me in a very false light, Mr. H. and it is not only just to me but also to the commissioners to tell them the name of even one of those parties who have been disturbing you." He would not do

so, and then I urged, "was not Lord Derby one of those parties?" He declined to answer this and though frequently urged by the commissioners, withheld it until finally Dr. Buckmill said to him, "Unless you answer this question immediately, Mr. H. we shall have to send you back to your ward." He then replied, "Yes, Lord Derby was among them and was most active among them." That ended the investigation, and the dismissal from the institution which the commissioners had just ordered was summarily withdrawn and wiped off the books.

Thus, you see, in this particular form of insanity it is very difficult sometimes to discern its existence. Here the leading lights of the nation, perfectly familiar with this form of illness, and having long experience in the various pranks and peculiarities of the insane, were cajoled into a very ludicrous and serious error by one mild, cultivated gentleman whose mind was disturbed. If this man were permitted to go at large at that time, in all probability it would not have been very many days before the country would have been horrified and shocked by another brutal murder. He seemed

to be set, and very set, on the destruction of members of his own family, and very likely would go straight home and accomplish his purpose.

Most of our investigations here take about an hour or less to decide whether people are insane or not, and these investigations are held by inexperienced, untrained examiners. Very often the results of such inefficiency become very dishonorable to the medical and legal professions, and painful in their effects to the whole community.

At the outset I have intimated that in our institution we had at the same time three queens. Two of those were the very antithesis of each other.

One was a little hunchback, very unpleasant to look at, and the other was a portly, large woman of good physique, but of very indifferent and unprepossessing features. They were both usually at a cottage in the grounds where a good many spent their days in different forms of needlework, and occasionally cultivated some flowers that they showed a predilection for. This cottage was rather picturesquely situated, and it gave more color of pleasure to those poor people

who desired to be away from the haunts of those in the main building. The larger one of those queens made it a habit every day to deck herself with all the scraps of colored cloth she could find, and she wore a wreath of flowers, poorly adjusted around her hair. She was perfectly harmless and did not interfere with any person as long as she was undisturbed. She simply revelled in her own gorgeousness. Such needlework as came within her range, always, of course, under the guidance of a lady nurse, she executed with consummate skill and ability. When asked, "by what right she came to be a queen, she simply answered, "by the right of succession." She did not have the slightest idea of English history, but this trite expression seemed to satisfy her, hence she was not disturbed about it. The smaller one of the two tried to pose as a queen in a very different way. She would sit the greater part of the day on the veranda outside the cottage, wear some big, ridiculous colored cloth over her knees and spoke quite grandiloquently to all those around her. She was a queen by the right of

“the Lay,” and the meaning of this I could never fathom.

She demanded obeisance from her subjects, as she put it, and it became very unpleasant to any person for the time being that disobeyed her majesty’s orders. She was not particularly strong, and when ordered peremptorily to do things by the head nurse, she never hesitated to obey, but any other person interfering with her got tongue lashed pretty well. Neither of these two patients came from the highest classes of England; they were both from rather obscure surroundings in a sense, and hence knew nothing of royalty or its simplicity, nor its formalities other than what they may have read perhaps in novels in their younger days.

One day a party of ladies came to visit the institution and went around to see those different parts that might be interesting to them. The matron showed them every civility commensurate with proper order and safety and took them incautiously to this cottage where the queens were in the habit of staying. The queen who had arrived at the throne “by right of succession” received them in a very dignified and appropriate manner,

but the little one asked them to "make their obeisance to her majesty." They did not quite understand her and so hesitated for a time about doing anything of this kind, and straight away she jumped around the veranda, exposed most of her body and grew very violent, and frightened them half to death by her violence of temper and indecent exposure. This curtailed her majesty's privileges for some days after.

Closely allied to these extraordinary flights of the imagination is another class where they are not exactly queens or kings or potentates, but some great personages, it might be historical or otherwise.

A lady living in London is one of a family who grew suddenly rich. An uncle was what is called an East India tea merchant. At this time these merchants suddenly made great fortunes and he was one of them. He had no family of his own, but three nieces became the inheritors of a great fortune. Up to that time they were struggling along in an ordinary way not overwhelmed with the world's goods but this sudden acquisition of wealth drove one of the three insane

and she came to be a patient of this institution. At the time that I first entered upon my duties she had been already seven years an inmate of the house. She had her own carriage and horses, her coachman, footman and maid. She lived in a part of the building which was suitable for a "grande dame." She drove out every day when the weather was suitable. She had her own servants, and to all intents and purposes she was living in the condition of one who enjoys firstclass modern hotel life. She claimed that all the surrounding country was hers; there were some nobles not very far off, and they were simply her vassals, and she would not condescend to visit them, (which incidentally was not permissible). Her territory extended from Lands End to the limits of John 'O Ghaunt. She was very obstinate now and then and would obey no person, head attendants or anybody, but the superintendent. She was a very tigress when roused and spared no person around her in her excitement. One day a very pretentious lady from Liverpool called to see a stepson of hers who was an inmate of the institution. She knew of this pa-

tient, (the conspicuous wealth of the family was extensively discussed), and she requested to be allowed to talk with her for a little while. I declined to permit her to do so. She was rather familiar with one of the local visitors who came from near Liverpool and made to him a complaint of my incivility to her. This gentleman informing me by letter of the fact, I explained to him what had happened, and he approved of my course, but when she came next time to visit the institution (it was two or three months after) she was armed with a card of her friend, so I surpassed myself in attention to her. When she asked to see the lady patient, (not expecting the explosion that followed) I sent the head nurse with her to this lady's quarters, and I was suddenly called from my portion of the building to Miss B's rooms. The sight that confronted me was a very deplorable one. This visitor was a very comely, stylish, handsome woman, very well dressed, etc., so while in the room the patient, it appears, observed her expensive costume closely, and asked her by what right she was keeping her son as a pensioner on her in that institution. The

institution, like everything around, belonged to her. Not getting a satisfactory reply from this lady, she tore her finery to fragments, and when I went in she was very industriously pulling at her hair. The nurse and her maid were powerless before her onslaught. It was an easy matter then to explain what she was good enough to call my previous incivility. These matters are dwelt upon to show what cannot be too frequently urged and emphasized in relation to the uncertainty of the conduct or actions of the insane.

This beautiful countryside, with several castellated old mansions in the distant view, with their extensive and varied groves, all belonged in her imagination, to the lady under discussion. The institution in which she dwelt of course was her property, and she kept more or less tab upon everything, as far as she could reach, that was going on around the institution. Her residence portion of it was quite insignificant in extent compared with the whole, but our gardens, which were quite extensive and well kept, were of constant source of delight to her. Anything that occurred in reference to

supplies, what I might call exportations and importations concerned her very much, and it was in consequence of this, thinking that the young man whose mother was assailed, was infringing upon her purse, that she made this terrible assault. This patient I discovered to have one very well marked peculiarity, of which I never knew another instance but one, in a very marked second sight. One of her sisters living in a beautiful country place some twenty miles off, for some time past had entered into a correspondence with me relative to changing our patient to a private home she had purchased and have her attendants there with her, instead of being an inmate of an asylum. There were several letters to and fro, and hence I was invited one day to come and lunch with her and talk the matter over. There was quite a gala party, everything went along very smoothly, and after lunch she asked me if it were possible for her insane sister to know anything of our correspondence, which had to be strictly private from all the circumstances connected with it. I assured her that I could not see how her sister could in any way get the slightest

information touching my correspondence. She said, "Well, she seems to know all about it," and showed me one or two letters from the sister. I was quite amazed and explained how and why it was impossible, but added, "I will make further investigations." She said, "Well, it is not only now that my sister seems to have had this double vision, in a way, but she has also been quite prophetic from the time she was first afflicted. Before she was sent from our home near London, she spoke of many things as happening, and some of them at that time impossible to conceive and too horrible to think of, have since then actually occurred in our family." Of course this stimulated further exertion to discover if there was any way directly or indirectly in which she could obtain any information. Close watch in every direction was kept, but we certainly were not able to discover any clue as to how or why she got this information.

Before departing from the interesting surroundings in which this series of very instructive cases occurred, I must refer to another which did not come exactly under my own observation but which I am con-

vinced is quite authentic. I must again refer to the very clever Catholic priest who was chaplain to a neighboring nobleman. He was quite a good judge of the lines between sanity and insanity. Some celebrated case occurred round about this time in which the plea of kleptomania was entered as a defense for theft. I do not recall the incident further than it occurred in the neighborhood of London. It was "a lady of high degree" who had been observed pilfering jewelry in one of the great marts of the city. In our friendly discussion, I took the ground that kleptomania pure and simple without some other manifestation of the insanity did not exist in my opinion. The clergyman said, "I differ with you entirely." I illustrated my position by the conduct of our "general" already referred to, who was very much addicted to stealing the wagers of his fellow gamblers. He had another form of insanity plus the pilfering propensity. He said, "Yes, but you know Lord So-and-so by reputation?" I said, "Yes." This nobleman was at that time one of the most important functionaries of the British Empire. The clergyman said to me, "Now you know he fre-

quently comes to dine and spend the week-end with your neighbor up here; and he always has his valet with him. The principle duty of his valet when he goes visiting, is to examine his trunks after he has dined, and before he leaves his host's house, restore the silver which he has adeptly put into his pockets while at dinner." He said, "it's a very extraordinary fact; he is a very brilliant public man; he is greatly gifted; he is one of the ablest public men very likely in the world; but I, myself, have seen him take from the table from time to time silver spoons and forks and put them in his pocket, and he did it as though he were fully cognizant that nobody had observed him. This, I assure you, I have myself more than once witnessed." As I said, I have no question of the veracity of this statement because this clergyman and the nobleman were quite friendly.

Shortly after my arrival in San Francisco, two very remarkable cases filled up the time of our courts for quite long periods. One was a criminal trial and the other a civil action, the contest of a will. The civil action appertained to the will of a very well known lawyer who

was the author of the "consolidation act" which governed this city for over forty years. His life and his career has been frequently written and not one reference has ever been made to his mental condition by the writers. Recently one of the ablest journalists in the community wrote a summary of this man's biography lauding his excellent qualities of head and heart, but no reference was made to the will contest. The history of the will contest was this. He left large tracts of land for the purpose of founding several institutions. He left little or nothing to his family who were never antagonistic to him. He was always supposed to be penurious and it was proven that at the time he disposed of those great possessions for the purposes he intended, he was actually starving himself for want of the necessaries of life. It was proven by many witnesses that he would deny himself sufficient food of the commonest kind, but if some benevolent person in his neighborhood who was not a hundredth part as affluent, would bring him good and substantial nourishment, he would take it and eat ravenously. This was proven by many witnesses. In rela-

tion to those benefactions of his, he kept constantly referring to them and vastly enlarging on their importance, according to the testimony, and invariably proclaimed that he was a greater man than the Lord Jesus Christ. There were many witnesses of his brothers in the legal profession called to prove his perfect sanity. Many outsiders, businessmen with whom he was brought in contact, also so testified. But others, again, thought that he was very odd. Some two or three experts of good repute were brought to testify that there was nothing in all this condition to show insanity. I was one of two or three others who held that the conduct showed clear symptoms of insanity. No rational man, I claimed would starve himself to death practically, with this kind of surrounding, and at the same time accept food from people whom he knew to be poor. I also claimed that his position in contrast with the Lord Jesus Christ if he firmly believed in it, was an absolute evidence of insanity. The details of this matter were gone into very fully and it was shown that that was his belief. I was asked the very important question in cross-ex-

amination, suppose a man were brought up an Israelite, or agnostic, would you still think that his belief in relation to his superiority to the Lord Jesus Christ would be an evidence of insanity? I said, "I certainly do. If he were an Israelite or agnostic of education, and knew the great changes brought about in the world by Jesus Christ,—the whole transformation of the moral atmosphere of the world, and the change from all points of view, it would not lead to any change in my opinion because the mere fact of founding a few institutions in a little remote community as we are here, to any rational mind could not possibly make him believe, or convince him, that those bear any proportion whatever to the mighty sweep of christian civilization."

The theme constantly dwelt upon in that investigation and trial was the fact of this great performance of the consolidation act. I informed the court then, as I have done since then, hundreds of times, that persons suffering from delusional insanity are capable of transacting any business outside the delusion, in a perfectly rational way. I particularly

dwelt on this discourse by the clergyman that I have already referred to, and numbers of others, where men for many years were capable of transacting any business and still be the victims of delusional insanity.

The criminal case was that of a woman of low character, violent and dissipated, and who had captured a prominent commercial lawyer of the city. He was the lawyer for several banks and other large institutions and regarded as a man of first class caliber. His family were in Europe for some time and on their return he met them some distance out of town. He was seated in one of the ferry boats crossing the Bay, beside his wife, and this woman came in front of him and shot him, the bullet piercing three chambers of the heart and the liver. He lived about forty-eight hours after, and she was accused of willful murder. The plea for the defense was insanity, as happens so frequently in these disgraceful cases. Three experts, so-called, who were not family doctors of either party, were called in her behalf, testified she was quite mad, and the twelve jurymen found her guilty of murder in the first degree

notwithstanding. A new trial was brought forward. In this second trial, among ten other medical gentlemen of well-known local repute, I was a witness, not for the defense but for the prosecution. The trial occupied a great deal of public attention and lasted for a good many days. We had to listen to the whole testimony. All ten of us agreed from testimony, nothing else, that the woman was perfectly sane. The three gentlemen who testified in her behalf on the first trial did not appear. There was nothing in the trial to convey to the jury any different impression from what ten of us doctors overheard. We had in all particulars to go over the same routine and yet the evidence of the ten doctors was discarded by the jury and the woman was acquitted on the ground of insanity. I refer to this to illustrate as far as it can reach the absurd, ludicrous, and frightful condition of medical jurisprudence and juries in this community. In the scientific sense one incident occurred that should not be forgotten.

A woman named Kelly, who had been a matron at one of the insane asylums in the state at a previous period of her life,

was at the time this criminal was arrested matron of the local county prison. She gave her testimony of what happened with clearness and evident integrity. On cross-examination by a very able and astute advocate: "Now, Mrs. Kelly, you was (he always insisted on the 'was') matron at the insane asylum at Stockton for some years?" "Yes, Sir." "You saw the patients there do so-and-so" he went over a lot of details. And she answered, "Yes, Sir." "Now," he shouted with appalling emphasis, "you was matron of the county jail at the time this lady was taken there?" Yes, Sir." "Didn't she do so-and-so, etc., just as the patients did in Stockton?" She said. "Yes, Sir, but they did it in a different manner somehow." This uneducated woman, who was brought in contact with the insane, recognized the difference between their conduct and the conduct of this tigress. This reply is more far-reaching than Mrs. Kelly dreamt of, and very instructive for the reason that insane people do the same things and act precisely as other people do, but in a different manner somehow, as Mrs. Kelly put it.

This criminal was acquitted by the

jury, and as a reason for their conclusion gave public announcement to the fact that all the other doctors admitted that the lady might have had some hysterical attack, except myself, who claimed that all her boisterous conduct was pure pretense and deviltry.

From the medico-legal point of view two very interesting trials occurred some years ago in San Mateo County within a short period of each other. In contrast they illustrate the value of special or expert education in relation to this whole subject. In the first case, a respectable grocer in the town of San Mateo was shot clean through the heart by a rifle bullet as he was watering his garden one summer evening. A man who was refused groceries the morning before was seen crouching behind his fence waiting for some time before the grocer proceeded to irrigate his plot. After the act he ran away and escaped, nobody knew whither. The sheriff's posse hunted up and down, but were unable to find him. Next morning they proceeded out towards the hills in San Mateo County, and on the highway, coming in, was a man marching in military order with his rifle at "shoulder

arms." He seemed not at all disturbed, and made no effort to evade the posse. When they overhauled and interrogated him he readily confessed that he had killed this man and was proceeding into San Mateo again to kill some more bad men that he understood were in the town. He was arrested there and then, placed in jail, and in due time he was placed on trial for murder. There were three gentlemen of our profession, including myself, brought down for the trial at the county seat. The trial took place under the jurisdiction of an uncommonly able, conscientious judge. The arresting officers found on the person of this man a huge volume of a diary which he had kept for at least twenty years. This was produced on the occasion of the trial, and it was really introduced by the authorities to prove his sanity, it was so carefully and well kept. He himself was on the witness stand the whole of one day. He had been in the Austrian army for a number of years, and on coming to this country entered the service of the Confederate army. In this capacity, though never having any command of any consequence, he had the dates of every battle which he was en-

gaged in, which were numerous, and he had in diagram and in literature the actual position of the various regiments and battalions immediately within his scope, sufficiently accurate and technical, apparently to do credit to a careful, competent commander. His testimony on the stand was on similar lines, marvelous for the minute details of his life and actions and labors, and he certainly looked to an untrained mind anything but insane. There was one feature of this whole diary and personal evidence which was very often repeated. He was always insisting upon calling upon a certain Austrian count to come over here and reform the whole government of the country. At the present time he would, no doubt, be arrested as an alien enemy. This was a refrain running right through the whole of his correspondence and his discourses. A prominent medical gentleman from the city who went down with me, one of the professors at that time, a man of consummate ability and integrity, on hearing the diary read and the testimony in general gone over, declared emphatically the man was sane. No man could have such accurate scope of those

things that had happened to him who had any mental defect. Dr. Shurtcliff, of the Stockton asylum, was called immediately after this gentleman's testimony, and he testified that without any question the man's whole actions and writing and speech were those of an insane person, and that this man had so suffered for many years. I emphasized the same view as Shurtcliff's and claimed without any hesitation that this man had been insane from the time he first kept the diary, and possibly while serving in the Austrian army. The judge hesitated and deferred further trial for some future occasion, at the same time giving instructions to have the matter looked into.

Shurtcliff was a state official and had time and leisure to make the investigation. He found out that all he represented with regard to the Austrian army was correct, but he also discovered that he had been an inmate of a state asylum before he left Austria and had escaped from it. He discovered the more astonishing fact that he was then, at that very time, an escapee from the asylum over which he, himself, presided.

In contrast with this case, the case of

an Irish woman who was married to a German. This Irish woman had been previously married and had accumulated quite a substantial lot of properties in San Francisco. She lived in very good style down the peninsula and her lord and master, and his son by another marriage, tormented and goaded in every possible way this little irritable woman. In the house there were outrages constantly, almost in her presence, that would upset the minds of most women. She, of course, displayed a good deal of temper and in consequence of this the two gentlemen concluded that they must get hold of her possessions by the facile method of having her committed to an asylum. She was brought before the commissioners of insanity of San Mateo county who were three gentlemen of good repute, without any knowledge whatever of the subject. Through them and the judge, who, of course, had to rely upon the doctor's testimony, she was ordered to an asylum, after a very hasty examination. Some gentlemen in the neighborhood, knowing of the facts in the case had the sentence deferred until further investigation was made. I was requested

by those gentlemen to go down on the day of the second trial, and I appeared accordingly. The woman was placed on the stand to give an account of herself, to explain what happened, and why she lost her temper, and she gave a very satisfactory account of the whole proceeding. There was no question but she had been grossly outraged and the community around her felt her condition very acutely. I testified that I saw no evidence whatever of insanity about the woman. The three doctors who had committed her three days before signed a retraction of their former certificates and the whole proceedings terminated quickly. This woman never thereafter showed any evidence whatever of mental disease.

I allude to these two cases in contrast because the gentlemen in both instances who had given opinions were bright, honorable men, but they had not what they should have before giving such opinions, a technical, special education. While I write these lines I am reminded of the fact that a very worthy member of our profession right here, was cruelly and foully slain by a patient who soon afterwards committed suicide. I think

there is scarcely any doubt that if the victim knew sufficient about the subject of insanity he would have discovered it in this man long before and so have saved his own life. It is too much the habit with professional men generally, doctors as well as others, to pooh-pooh the idea of insanity unless it is of the boisterous, erratic quality that I have described in acute mania.

Illustrating this, a tall, athletic, well-built, well-dressed gentlemanly appearing man presented himself at my office with the cards of three different doctors introducing him to me. He had spent a good deal of time in those arid districts of Arizona and New Mexico. I saw him very quickly (I did not want to keep him waiting as he had doctors' cards) and he told me about his experiences very briefly and asked if I were not interested in lands. I was quite extensively at the time, and exceedingly glad to get any information touching those things. He said he had something to show me, which would interest me. He had a big bundle covered with newspaper under his arm. At my request then he unfolded this newspaper bundle, spoke quite

rationally and connectedly, and exposed his wares on a large table in my office. He had seeds and grasses carefully segregated in one section of the newspaper and soils and chemicals in another section. He proceeded to discourse about them both, in what appeared to be a learned and logical way. I followed him with close attention but all at once he suddenly changed the whole pitch of his voice and his manner. There was such a change in his demeanor, and so quickly, that I bluntly said to him, "Pardon me a moment, were you ever an inmate of a lunatic asylum?" He looked at me quite ferociously and replied, "Yes, about twenty years ago in Glasgow, they sent me there, but I don't want anybody to know anything about it." I said, "Very well. You fold up your packages carefully (he had segregated one from another in a very skillful manner) and depart from my premises here as quickly as you can, and I shall certainly say nothing about it." One of those gentlemen of our profession who had sent this man with his card was quite a friend of mine whom I frequently met. He came hastily to my office and after some

conversation, said to me, "You had quite a funny experience yesterday." I said, "In what respect?" He told me of this man who had been up to see me with the seeds and clays, and the patient, we will call him, said to him, "That man Buckley is the strangest man I ever met." The other said, "Why?" "Well," he said, "do you know the first question that fellow asked me was if I had ever been in an asylum." And the doctor immediately gulped out the question, "Were you?" The patient replied, "Yes, twenty years ago in Glasgow, but I don't want anybody to know anything about it." And so my medical friend got a new wrinkle in medical education and laughed very heartily over it. Shortly after I noticed that this man who was a fine specimen to look at, appeared before our board of supervisors giving them instructions on various subjects with regard to these very hobbies that he was interested in. He was listened to with very marked attention and respect, and our city fathers, whose scientific attainments were supposed to be equal to their fellows in the same position all over the country, voted him a vote of thanks.

This was more than he could endure so he immediately proceeded to enlighten the public through the daily Press. I have seen several times two or three columns of the local newspapers devoted to the mutterings of this poor, deluded lunatic, the subject matter of which was as plainly as could be discussed from an insane standpoint. These dissertations of his continued to appear in print for three months after which he suddenly seemed to disappear and I never heard of him again. He was not by any means a safe person to have at large because suffering in that way, and being a man of much more than common physical power, he would be very likely, if antagonized by any opposition expressed to his views, to dispose of his antagonist very quickly. One of the things that should be observed in all these cases is that very question of antagonism. The old priest and the lunatic "bishop" very well illustrate that matter, and in connection with the insane it is of the utmost value to avoid antagonism in certain directions.

It is related in one of our books on this subject that one day in Paris an elderly

gentleman was ruminating on top of the Pantheon. He was suddenly approached by a strong young man who said to him, "Prepare now for your last end, I have come up here to throw you off this dome." The old gentleman, with consummate presence of mind, replied, "That is not a very clever trick for a large, powerful fellow like you, but it would be a clever trick to let us go down and see if you can throw me up." The lunatic laughed and they both went down together, and, of course, his contract was not kept, because he was immediately placed in charge of a gendarme.

A very similar case occurred in our own household when I was a boy. We had an aged servant who was quite noted in his district for his ready wit and repartee. A fine, big, young farmer in the neighborhood became insane and roamed over the countryside to the terror of all the neighborhood. One beautiful summer afternoon the old servant was taking a sunbath on a sunny slope looking out on the ocean. He was suddenly and terribly frightened by the appearance of this young lunatic, who jumped over a fence just behind him. The peasantry

everywhere seemed to think that the insane are always bent on nothing but slaughter. Both these men knew each other quite well, and saluted quite cordially. After that a long silence ensued. The old man was too terror-stricken to speak, when suddenly the lunatic looking down on a very pretty mountain lake beneath them said, "I wonder if there are many fish in that lake." The old man solemnly remarked, "I don't know, it's some years now since I've been fishing." Another long lull, until the lunatic remarked, "How long the days are getting now." "Sure," said the old man, "it wasn't today or yesterday that commenced with them; I think that happens every year about this time." And the reply so tickled the somewhat educated lunatic that he ran off laughing to other fields.

A large comely woman of middle age, with her daughter, came to consult me one afternoon. We all three talked about current events for a few minutes when the matron said to me, "Doctor, I have come to see you on a very curious errand. I understand that you have devoted a great deal of attention to the subject of

insanity and I want to know whether I am insane or not." This was very direct and required some consideration. I asked her very many questions about herself, her health, her surroundings, her history, and all those things that I should know before arriving at any conclusion on this subject. The sheet appeared to be clean. I could not gather anything from this interview which would enable me to reach any proper conclusion. I told the daughter I would like to see her again, appearing to consider her the patient. In a private conversation of a few minutes with the daughter I told her I would like to see her mother at some time, by herself. After a few days she returned, as I requested, and then she developed quite readily her delusion. She had a mission which she did not like the daughter to know anything of, one of those common grandiose ideas to reform society, very like my friend in the asylum, who played bishop for a while, but hers was to reform first of all the Catholic Church itself. She had a special mission to get rid of the Archbishop of San Francisco, and several of the priests whom she knew quite well. I then in-

formed her daughter that her mother was quite insane and should be placed in some sanitarium or other place of safety, or she would do something which she would very much regret. I accordingly cautioned the worthy Archbishop that if this lady should visit him on any pretext whatsoever, he should not allow her into his presence without some other person being there. I told one of the priests whom she mentioned the same thing, and in doing so I thought I had done simply my duty. The Archbishop, who was a man of common sense, and who did not know this woman personally, accepted my advice and thanked me. The clergyman who was not of the same calibre, but knew this woman very well, informed me that he knew her for a long time and knew she was not insane; that he was not a particle afraid of her, etc., etc., but added, "she is a little queer, to be sure, but she is not insane." I went out of my way to admonish him and did not go any further. Not more than a month after this happened, I read in one of the morning papers the usual terrorizing announcement, "Attempt of brutal murder in the St. ——— Hotel."

This woman had very extensive interests in different parts of the country. She had a large interest in some fisheries, which her son looked after. The book-keeper for the son came down to show her his semi-annual report. He dined with her and her daughter, and they spent the evening together without any apparent trouble, in fact, quite pleasantly. When the young man, the book-keeper, was about to leave the hotel, she asked him where he was stopping. He told her, and mentioned another hotel. Then she said, "You had better stay here for some time, as I will have to see a good deal of you, and this will be most convenient for me. I will be responsible for your account." Hence he stayed in her hotel that night, but on an entirely different floor. During the night she tapped at his door and without any warning whatever assailed him with a big dirk knife which she had previously procured, but which none of those around her had ever seen before. The young man was strong and athletic; she was a very strong woman, and if it had not been for his superior strength she would have killed him there and then. On read-

ing it I felt somewhat sadly amused and had a sort of mischievous regret that my friend, the padre, was not the recipient of this delicate attention accorded to the clerk.

A builder and contractor of middle age, accompanied by his wife, visited me one afternoon, and both were in great distress because he was harassed by some people who were throwing electricity at him. This was the expression. The poor wife firmly believed him. I happened to have two different electric batteries in my office, and after my assistant had placed him through different tests in relation to the effect of electricity, I then asked him if it were the same sensation which he experienced when these bolts of electricity were thrown at him. He replied, "No, it is entirely different from that, but I know they are doing it." Accordingly, knowing that he did things mechanical, I asked him if he ever carried any nails or penknives or anything of that kind about him. I made no reference to a pistol. He said, "Yes, very frequently"—he always had some nails somewhere in his clothing and frequently, indeed, almost always carried a penknife.

I said, "You know all these metallic things attract electricity, don't you?" He said, "Yes." "And you see," I said, "they must be laid aside. Everything in the shape of metal must be out of your clothing." He agreed to the conditions. He did some work for me from time to time, supervised everything very honestly and very capably, and did in every respect professionally everything that I demanded. One evening late, he came to my residence in quite an excited condition. He had a large contract out of town but was returning home that particular evening, and on his way passed by a stand where drays and draymen were huddled together in a goodly number. It was rather a chilly, wet evening, and he informed me that if it were not for me he would have got his enemies that evening. I said, "Why?" He said, "Well, you know you told me that I must not have around me anything in the shape of metals. Before that," he said, "I always carried my gun when I was out after dark, and if I had my gun with me, as I should have had, I would have got these fellows, for I saw them working a machine under the drays there." I was

very glad my first admonition had such a good effect, for unquestionably from his own statement he would have killed some of those innocent people.

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